

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: 18									
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Dawn NICKNAME LAST SUFFIX Champagne		OFFICE USE ONLY Date Received RECEIVED APR 25 2024 By <u>3:20 pm</u> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 21410 Sand Bunker Circle Katy, TX 77450											
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 549-2059											
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Brett NICKNAME LAST SUFFIX Champagne											
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 21410 Sand Bunker Circle Katy, TX 77450											
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 549-2059											
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td>☐ January 15</td> <td>☐ 30th day before election</td> <td>☐ Runoff</td> <td>☐ 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td>☐ July 15</td> <td>☒ 8th day before election</td> <td>☐ Exceeded Modified Reporting Limit</td> <td>☐ Final Report (Attach C/OH - FR)</td> </tr> </table>			☐ January 15	☐ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (Officeholder Only)	☐ July 15	☒ 8th day before election	☐ Exceeded Modified Reporting Limit	☐ Final Report (Attach C/OH - FR)	
☐ January 15	☐ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (Officeholder Only)									
☐ July 15	☒ 8th day before election	☐ Exceeded Modified Reporting Limit	☐ Final Report (Attach C/OH - FR)									
10 PERIOD COVERED	Month Day Year Month Day Year 03 / 29 / 2024 THROUGH 04 / 25 / 2024											
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td colspan="2">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td>Primary</td> <td>Runoff Other Description</td> </tr> <tr> <td>05 / 04 / 2024</td> <td>☒ General</td> <td>☐ Special</td> </tr> </table>			ELECTION DATE	ELECTION TYPE		Month Day Year	Primary	Runoff Other Description	05 / 04 / 2024	☒ General	☐ Special
ELECTION DATE	ELECTION TYPE											
Month Day Year	Primary	Runoff Other Description										
05 / 04 / 2024	☒ General	☐ Special										
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known) KISD Board of Trustees, Position 7 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 ☒ GENERAL Friends of Dawn Champagne											
	COMMITTEE ADDRESS 21410 Sand Bunker Circle Katy, TX 77450											
	COMMITTEE CAMPAIGN TREASURER NAME Brett Champagne											
	COMMITTEE CAMPAIGN TREASURER ADDRESS 21410 Sand Bunker Circle Katy, TX 77450											

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 189.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4685.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1.58
	4. TOTAL POLITICAL EXPENDITURES	\$ 3521.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3063.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1000.00

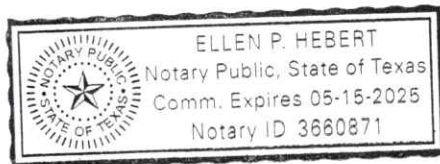
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dawn Champagne

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Dawn Champagne this the 25th day of April, 2024, to certify which, witness my hand and seal of office.

Ellen P. Hebert Ellen P. Hebert Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4874.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1505.85
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3523.15
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	\$ \$105.06

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: 7
2 FILER NAME Dawn Champagne		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Whitney Koch 6 Contributor address; City; State; Zip Code 438 Concordia Katy, TX 77450	7 Amount of contribution (\$) \$25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/4/2024	Full name of contributor out-of-state PAC (ID#: _____) Scott & Sam Martin Contributor address; City; State; Zip Code 20419 Amber Light Katy, TX 77450	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/4/2024	Full name of contributor out-of-state PAC (ID#: _____) Richard Baur Contributor address; City; State; Zip Code 9949 Hunters Run Ct College Staion, TX 77845	Amount of contribution (\$) \$1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/4/2024	Full name of contributor out-of-state PAC (ID#: _____) Becky Ballard Contributor address; City; State; Zip Code 4914 Suffield Green Ct Katy, TX 77494	Amount of contribution (\$) \$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: 7
2 FILER NAME Dawn Champagne		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Stephanie Gilley 6 Contributor address; City; State; Zip Code 2106 royal Adelaide Dr Katy, TX 77450	7 Amount of contribution (\$) \$75
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/4/2024	Full name of contributor out-of-state PAC (ID#: _____) Lynette Alidon Contributor address; City; State; Zip Code 1721 Greenhouse Road, #5215 Houston, TX 77084	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/4/2024	Full name of contributor out-of-state PAC (ID#: _____) Connie Garibaldi Contributor address; City; State; Zip Code 81822 Canyon Peak Katy, TX 77450	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/4/2024	Full name of contributor out-of-state PAC (ID#: _____) Shannon Peterson Contributor address; City; State; Zip Code 28230 Moon Portrait Katy, TX 77494	Amount of contribution (\$) \$40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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: 7
2 FILER NAME Dawn Champagne		3 Filer ID (Ethics Commission Filers)
4 Date 4/09/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Kathryn Dupuis 6 Contributor address; City; State; Zip Code 21618 Emerald Ridge Circle Katy, TX 77450	7 Amount of contribution (\$) \$50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/09/2024	Full name of contributor out-of-state PAC (ID#: _____) Lorna Blount Contributor address; City; State; Zip Code 1723 Beacon Cove Ct. Katy, TX 77450	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/09/2024	Full name of contributor out-of-state PAC (ID#: _____) Naomi Smith Contributor address; City; State; Zip Code 1311 Hawthorne Way Dr Houston, TX 77094	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/04/2024	Full name of contributor out-of-state PAC (ID#: _____) Bryan Everett Contributor address; City; State; Zip Code 4826 Kendalia Cloud Ln Fulshear, TX 77441	Amount of contribution (\$) \$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: 7
2 FILER NAME Dawn Champagne		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/2024	5 Full name of contributor out-of-state PAC (ID#: Tana Weiss 6 Contributor address; City; State; Zip Code 22218 Baron Cove Ln Katy, TX 77450	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/11/2024	Full name of contributor out-of-state PAC (ID#: Ann Batton-Bishop Contributor address; City; State; Zip Code 3126 Eagle Way Houston, TX 77084	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/11/2024	Full name of contributor out-of-state PAC (ID#: Jeanne King Contributor address; City; State; Zip Code 22410 Pavero Place Katy, TX 77450	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/11/2024	Full name of contributor out-of-state PAC (ID#: Andi Craig Contributor address; City; State; Zip Code 27502 Banks Brook Ln Katy, TX 77450	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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: 7
2 FILER NAME Dawn Champagne		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Cassie Parks 6 Contributor address; City; State; Zip Code 145 Magnolia Lane Westworth Village, TX 76114	7 Amount of contribution (\$) \$200
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/15/2024	Full name of contributor out-of-state PAC (ID#: _____) Natalie Hart Contributor address; City; State; Zip Code 1715 Field Briar Dr. Katy, TX 77450	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15/2024	Full name of contributor out-of-state PAC (ID#: _____) Erika Berk Contributor address; City; State; Zip Code 9899 Western Sky Brooks Brookshire, TX 77423	Amount of contribution (\$) \$20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Karen Reese Contributor address; City; State; Zip Code 1611 Brook Grove Dr. Katy, TX 77450	Amount of contribution (\$) \$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.

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2 FILER NAME Dawn Champagne		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Paul Dunk 6 Contributor address; City; State; Zip Code 1814 Blue Sage Dr. Katy, TX 77450	7 Amount of contribution (\$) \$50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Jaimee Kaiher Contributor address; City; State; Zip Code 23907 Gentle Moss Katy, TX 77450	Amount of contribution (\$) \$40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Carol Berlund Contributor address; City; State; Zip Code 7307 Fountain Spray Katy, TX 77494	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/2024	Full name of contributor out-of-state PAC (ID#: _____) Fort Bend Business Coalition Contributor address; City; State; Zip Code PO Box 19336 Sugarland, TX 77496	Amount of contribution (\$) \$1000
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: 7
2 FILER NAME Dawn Champagne		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Cassie Parks	7 Amount of contribution (\$) \$650
	6 Contributor address; City; State; Zip Code 145 Magnolia Ln Westworth Village, TX 76114	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/4/2024	Full name of contributor out-of-state PAC (ID#: _____) Michelle Gregovich	Amount of contribution (\$) \$40
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Raymond Mitchell	Amount of contribution (\$) \$200
	Contributor address; City; State; Zip Code 3210 Harvey Road College Station TX 77845	
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.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

Revised 8/17/2020

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: 3	
2 FILER NAME Dawn Champagne		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1505.85	
5 Date 4/11/2024	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) KEEP - Katy Educational Excellence Partners 7 Contributor address; City; State; Zip Code 5554 South Peek Road, PMB 42 Katy, TX 77450	8 Amount of Contribution \$ \$1,114.18 Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description Postage stamps for endorsement postcards
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 4/15/2024	Full name of contributor ☐ out-of-state PAC (ID#: _____) KEEP - Katy Educational Excellence Partners Contributor address; City; State; Zip Code 5554 South Peek Road, PMB 42 Katy, TX 77450	Amount of Contribution \$ \$167.22 Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Endorsement road signs
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.			

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: 3	
2 FILER NAME Dawn Champagne		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1505.85	
5 Date 4/18/2024	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) KEEP - Katy Educational Excellence Partners 7 Contributor address; City; State; Zip Code 5554 South Peek Road, PMB 42 Katy, TX 77450	8 Amount of Contribution \$ \$83.00	9 In-kind contribution description Candidate 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 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)			
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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Dawn Champagne	3 Filer ID (Ethics Commission Filers)
4 Date 3/29/2024	5 Payee name NBD Graphics	
6 Amount (\$) \$621.36	7 Payee address; City; State; Zip Code 917 S. Mason Rd. Katy TX 77450	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Push cards
	(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 4/3/2024	Payee name NBD Graphics	
Amount (\$) \$404.86	Payee address; City; State; Zip Code 917 S. Mason Rd. Katy TX 77450	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description signs
	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 4/9/2024	Payee name NBD Graphics	
Amount (\$) \$1,110.65	Payee address; City; State; Zip Code 917 S. Mason Rd. Katy TX 77450	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description signs & flyers
	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Dawn Champagne	3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2024	5 Payee name NBD Graphics	
6 Amount (\$) \$404.86	7 Payee address; City; State; Zip Code 917 S. Mason Rd. Katy TX 77450	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description signs
	(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 4/22/2024	Payee name NBD Graphics		
Amount (\$) \$404.86	Payee address; City; State; Zip Code 917 S. Mason Rd. Katy TX 77450		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description signs	
	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 4/20/2024	Payee name Party City		
Amount (\$) \$30.79	Payee address; City; State; Zip Code 432 S. Fry Road Katy TX 77450		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expese	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			

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4	Dawn Champagne		
4 Date	5 Payee name		
4/18/2024	Kroger		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 68.00	22150 Westheimer Parkway	Katy	TX 77450
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(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		
4/18/2024	Local Bar		
Amount (\$)	Payee address;	City;	State; Zip Code
\$21.66	Cinco Ranch Blvd	Katy	TX 77450
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		
4/11/2024	Neca's		
Amount (\$)	Payee address;	City;	State; Zip Code
\$40.30	S. Mason Road	Katy	TX 77450
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

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Dawn Champagne	3 Filer ID (Ethics Commission Filers)
4 Date 3/29/2024	5 Payee name NBD Graphics	
6 Amount (\$) \$268.87	7 Payee address; City; State; Zip Code 917 S. Mason Rd. Katy TX 77450	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description campaign flyers
	(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 Dawn Champagne	Office sought School Board, Position 7
		Office held School Board, Position 7
Date 4/23/2024	Payee name Dawn Champagne	
Amount (\$) \$145.36	Payee address; City; State; Zip Code 214 Sand Bunker Circle Katy TX 77450	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement	Description meet & greet expenses
	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 Dawn Champagne	Office sought School Board, Position 7
		Office held School Board, Position 7
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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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 4/24/2024	5 Name of person from whom amount is received Rebecca Fox		8 Amount (\$) \$105.06
	6 Address of person from whom amount is received; City; State; Zip Code		
	7 Purpose for which amount is received reimbursement for 1/2 of meet & greet event expenses		
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