FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084199 24 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Dawn Deshea NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Rogers CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Stacia NAME NICKNAME LAST **SUFFIX** Wilson **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 924-0250 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 03/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

GO TO PAGE 2

District Judge District 334

District Judge District 334 Harris

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Rogers, Dawn Deshe	a (The Honorable)	14 Filer ID 00084199	(Ethics Com	mission Filers)	
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 expenditure COMMITTEE(S)						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
_	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$	0.00	
		ICAL CONTRIBUTIONS		\$	4,870.35	
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			<u> </u>	0.00		
TOTALS			\$	0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	12,121.94	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	157,639.28	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	all information required			
		The Honora	able Dawn Deshea R	ogers		
			of Candidate or Officeho			
AFFIX NO	TARY STAMP / SEAL ABO	DVE				
		aid	, this the		_ day	
of	, 20, to co	ertify which, witness my hand and seal of office.				
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administeri	ng oath	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				JVLIC	3 of 24				
	18 FILER NAME19 Filer ID(Ethics Commission Filers)Rogers, Dawn Deshea (The Honorable)00084199								
20 SCI NAI	HEDULI ME OF :	SUB	TOTAL AMOUNT						
1.	1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)				4,870.35				
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS								
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$					
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$					
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	12,121.94				
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS								
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD								
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS								
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/8 Rpt: 4/24
2	FILER NAME Rogers, Dav	vn Deshea (The Honorable)			3 Filer ID (Ethics Commission Filers) 00084199
4	04/02/2024 Aguilar, Art 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$1,000.00		
8	Contributor's I	Montgomery , TX 77356 Principal Occupation		9 Contributor's Job Title	1
	Attorney			Attorney	
10	Contributor's of Art Aguilar L	employer/law firm aw Firm, PC		11 Law firm of contributor's sp	pouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if a	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	06/04/2024 Atkinson, Mira Contributor address; City; State; Zip Code			\$35.22	
	Contributor's I	Fort Benton, MT 59010 Principal Occupation		Contributor's Job Title	
	Continuator o	Timopai Goodpation		Contributor 5 505 Title	
Contributor's employer/law firm Law firm			Law firm of contributor's sp	pouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if a	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/04/2024 Cali, Eduardo Contributor address; City; State; Zip Code Carson City, NV 89054			. \$31.87		
	Contributor's I	Principal Occupation		Contributor's Job Title	1
Contributor's employer/law firm Law firm of o			Law firm of contributor's sp	pouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if a	any)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 2/8 Rpt: 5/24	
2	FILER NAME Rogers, Dav	vn Deshea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084199	
4	Date 05/07/2024			7 Amount of Contribution (\$) \$49.82	
8	Contributor's F	Barre, VT 05490 Principal Occupation	9 Contributor's Job Title		
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)			
	Date Full name of contributor out-of-state PAC (ID#:_05/23/2024 Dobrowski Stafford LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00	
Houston, TX 77007					
	Contributors	Principal Occupation	Contributor's Job Title		
	Contributor's	employer/law firm	Law firm of contributor's sp	ouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)			
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#: Gallegos, Mackenzie Contributor address; City; State; Zip Code Ketchikan, AR 99523		Amount of Contribution (\$) \$41.58	
			Contributor's Job Title		
Contributor's employer/law firm			Law firm of contributor's sp	ouse (if any)	
	If contributor is a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J)1: Sch: 3/8 Rpt: 6/24
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Rogers, Dav	vn Deshea (The Honorable)			00084199
4	Date 05/28/2024	tate 5 Full name of contributor out-of-state PAC (ID#:			7 Amount of Contribution (\$) \$43.37
_	Cantrila da da	Northfield, ME 56583		O Cantributaria lab Titla	
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	spouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (if	any)	L	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	06/04/2024	Harvey, Ballard			\$48.01
	Contributor address; City; State; Zip Code				
		Corydon, IN 47381			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)	,	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/28/2024	Jayceon, Cohen			\$39.32
Contributor address; City; State; Zip Code					
		Mitchell , SD 57261			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	ges Schedule A(J)1: 8 Rpt: 7/24	
2	FILER NAME Rogers, Dav	vn Deshea (The Honorable)			3 Filer ID 000841	(Ethics Commissio	n Filers)
4	Date 05/21/2024			7 Amount	of Contribution (\$)	\$250.00	
8	Contributor's F	Houston, TX 77040 Principal Occupation		9 Contributor's Job Title			
Ū	Attorney	Timolpai Oodapailon		Attorney			
10		employer/law firm		11 Law firm of contributor's sp	ouse (if anv)		
		vsky Law Firm		The Kishinevsky Law Fi			
12	If contributor is	s a child, law firm of parent(s) (if ar	iy)				
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount	of Contribution (\$)	
	05/28/2024 Krueger , Alessandra Contributor address; City; State; Zip Code Chadron, NV 68844					\$42.29	
	Contributor's F	IPrincipal Occupation		Contributor's Job Title	<u> </u>		
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if ar	ny)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
06/04/2024 Krueger , Noel Contributor address; City; State; Zip Code Chillcothe, OH 45620					\$47.22		
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
Contributor's employer/law firm Law firm of cont			Law firm of contributor's sp	ouse (if any)			
	If contributor is	s a child, law firm of parent(s) (if ar	ny)				

MONET	ARY POLITICAL	CONTRIBUTIO	DNS	SCHEDULE A(J)1
The Instru	ction Guide explains ho	v to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 5/8 Rpt: 8/24
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Rogers, Dav	vn Deshea (The Honorable)			00084199
4 Date 05/28/2024	5 Full name of contributor out-of-state PAC (ID#:) Legacy, Katelyn 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$37.2	
	Millford , DE 19968			
8 Contributor's F	Principal Occupation		9 Contributor's Job Title	•
10 Contributor's e	employer/law firm		11 Law firm of contributor's sp	spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if	any)		
Date	Full name of contributor	D out of state DAC (ID#:	\	Amount of Contribution (\$)
05/21/2024	Date Full name of contributor out-of-state PAC (ID#:) 05/21/2024 Marcellus, Brady Contributor address; City; State; Zip Code			\$29.7
Contributor's F	Moab, UT 84071 Principal Occupation		Contributor's Job Title	
Contributor's 6	employer/law firm		Law firm of contributor's sp	spouse (if any)
If contributor is	s a child, law firm of parent(s) (if	any)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/28/2024	McLeod, William	_		\$250.0
	Contributor address; City; State; Zip Code			
Contributor's F	Houston, TX 77044		Contributor's Job Title	
Contributor's Principal Occupation Attorney Attorney Contributor's Job Title				
Contributor's employer/law firm Law firm of contributor's spous				spouse (if any)
Law Office o	f Hilda Sibrian			
If contributor is	s a child, law firm of parent(s) (if	any)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A(J)1: Sch: 6/8 Rpt: 9/24
2	FILER NAME Rogers, Dav	vn Deshea (The Honorable)			3	Filer ID (Ethics Commission Filers) 00084199
4	Date 06/04/2024	5 Full name of contributor McLeod, William	ull name of contributor		Amount of Contribution (\$) \$250.00	
		Houston, TX 77044				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm of Hilda Sibrian		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	I .		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	06/04/2024 Millie, Allison Contributor address; City; State; Zip Code				\$32.29	
		Presque Isle, ME 04051				
Contributor's Principal Occupation Contributor's Job Title						
Contributor's employer/law firm Law firm of contributor's s			Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/07/2024	Newport, Jeffrey Contributor address; City;	State; Zip Code			\$500.00
		Houston, TX 77024				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney Attorney					
Contributor's employer/law firm Law firm contributor's s			ous	se (if any)		
	Jeffrey R Ne	wport Law Offices				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 7/8 Rpt: 10/24
2	FILER NAME Rogers, Dav	vn Deshea (The Honorable)			3	Filer ID (Ethics Commission Filers) 00084199
4	Date 06/04/2024	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$46.75	
		San Gabriel, CA 95546				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)
	O5/28/2024 Tristan, Hartman Contributor address; City; State; Zip Code				\$45.66	
		South Hadley, MA 0191	3			
Contributor's Principal Occupation Contributor's Job Title			Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/23/2024 Vuong, David Contributor address; City; State; Zip Code				\$300.00	
		Houston, TX 77082				
	Contributor's Principal Occupation Contributor's Job Title					
Attorney Attorney				and the sun of		
Contributor's employer/law firm Law firm of contributor's s David Vuong Law Office			Law firm of contributor's sp	ous	se (IT any)	
_		s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 8/8 Rpt: 11/24
2	FILER NAME Rogers, Day	vn Deshea (The Honorable)			3	Filer ID (Ethics Commission Filers) 00084199
4	Date 01/22/2024	5 Full name of contributor out-of-state PAC (ID#:) 7		Amount of Contribution (\$) \$200.00		
		Houston, TX 77082				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's of David Vuong	employer/law firm a Law Office		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	01/23/2024 Walle, Armando Contributor address; City; State; Zip Code					\$250.00
		Houston, TX 77039		I 0		
Contributor's Principal Occupation Contributor's Job Title						
	Attorney			State Representative		and the sun of
	State of Tex	employer/law firm		Law firm of contributor's sp	oous	se (IT any)
_		s a child, law firm of parent(s) (if	· any)			
	ii continuator i	s a criliu, iaw iiriri or pareriu(s) (ii	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	02/27/2024	Ware, Nicholas	_			\$300.00
	Contributor address; City; State; Zip Code Kingwood, TX 77339			•		
-	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
Attorney						
Contributor's employer/law firm Law firm of contributor's s			oous	se (if any)		
	Kherker Gar	cia, LLP				
	If contributor is	s a child, law firm of parent(s) (if	any)			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	, ,	
	Sch: 1/13 Rpt: 12/24	Rogers, Dawn Deshea (The Honorable) 00084199
4	Date	5 Payee name
	01/19/2024	ASSOCIATION OF WOMEN ATTORNEYS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	2450 Louisiana St
		Houston, TX 77006
8	PURPOSE	1
ľ	OF	(a) Category (See Categories listed at the top of this schedule) AWA membership fee (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		membership fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/21/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$148.29	410 Terry Ave. N
		Seattle , WA 98109
	DUDDOCE	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Chambers furniture (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Chambers furniture Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		refrigerator
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
H	Date	Payee name
	05/16/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.89	410 Terry Ave. N
	Ф04.09	410 Telly Ave. N
		0
		Seattle , WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Chambers furniture Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Shelving for closet
		5.15.1.1.1g 15.1 5.15551
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

	Credit Card Payment		The Instruction Guide explains how to cor	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/13 Rpt: 13/24		Rogers, Dawn Deshea (The Honorable)		00084199
4	Date	5	Payee name		
	02/20/2024		Amazon		
6	Amount (\$)	7	Payee address; City; State; Zip Coo	de	
	\$65.19		410 Terry Ave. N		
			Seattle , WA 98109		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		cleaning supplies		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					court cleaning supplies
					3 11
9	Complete ONLY if direct		Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/O	Н			
	Date		Payee name		
	06/14/2024		Casa Maria Mexican Res		
	Amount (\$)	T	Payee address; City; State; Zip Cod	de	
	\$60.00		3811 N Fry Rd		
			Katy, TX 77449		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Dinner after participating in CLE panel
					p
	Complete ONLY if direct		Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/O	Н			
	Date		Payee name		
	06/10/2024		Chappel Hill Bakery/BBQ		
	Amount (\$)		Payee address; City; State; Zip Cod	de	
	\$47.85		8900 290 E		
			Brenham , TX 77833		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Lunch while returning from speaking engagement in
					Austin, TX
	Complete ONLY if direct		Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/OH	Н			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
_	Total marca Cabadula F1.						
1	Total pages Schedule F1: Sch: 3/13 Rpt: 14/24	2 FILER NAME Rogers, Dawn Deshea (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084199					
4	Date	5 Pavee name					
4		,					
	06/24/2024	Direct TV					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$119.58	2260 E. Imperial Hwy.					
		FI Commission OA 00045					
		El Segundo, CA 90245					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
	EXPENDITORE	Check if Austin, TX, officeholder living expense					
		Chambers sattelite TV					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
\vdash							
	Date	Payee name					
	06/14/2024	ECO PARK HOUSTON					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$10.00	16152 John F Kennedy Blvd					
	,						
		HOUSTON, TX 77032					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		airport parking to attend speaking engagements					
		(Court Professionals Conference) in Frisco, TX					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1					
H	Data	Daving marks					
	Date	Payee name					
L	04/12/2024	El Tiempo Cantina					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$190.88	2814 Navigation Blvd					
		Houston, TX 77003					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		Lunch for court staff					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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)

	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)						
	Sch: 4/13 Rpt: 15/24	Rogers, Dawn Deshea (The Honorable) 00084199						
4	Date	5 Payee name						
	02/14/2024	Fiesta Mart						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$20.80	20331 FM 529						
		CYPRESS, TX 77443						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense						
	LXI ENDITORE	Check if Austin, TX, officeholder living expense						
		Drinks for court staff lunch						
Ļ	0 1: 0 1: 0							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	01/22/2024	GOGIC PAC GOTV						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$200.00	PO Box 2303						
		Houston, TX 77002						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE		Contributions/Donations Made By						
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense PAC GOTV donation						
		PAC GOTV donation						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	y						
-	Date							
	Date	Payee name						
	02/09/2024	GW Inns of Court						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$331.00	225 Reinekers Lane						
		Alexandria , VA 22314						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Membership dues Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Membership dues						
		Wellibership dues						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
l								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		/ages	/Contract Labor		OTHER (enter a	a category not listed ab	ove)
The Instruction Guide explains how to complete this form.												
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 5/13 Rpt: 16/24		Rogers, Dav	vn Deshea (Th	e Honorable))				00084199		
4	Date	5	Payee name									
	06/26/2024		HEB									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$50.44		9722 Fry Rd	I								
			Cypress, TX	77433								
8	PURPOSE	(2)				1	(h)	Description				
°	OF	(a)		e Categories listed at	the top of this sche	dule)	(D)	Description	outei	de of Teyes Con	nplete Schedule T.	
	EXPENDITURE		F000/Bevera	age Expense				=		officeholder livin		
								Lunch for inte				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	O [.]	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					•					
-	Date	Г	Davisa nama									
	04/23/2024		Payee name HEB									
	Amount (\$)		Payee addres	•	State;	Zip Co	ae					
	\$63.93		9722 Fry Rd	l								
			Cypress, TX	77433								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
OF EXPENDITURE				age Expense				=			nplete Schedule T.	
	LAI LINDITORE							—		officeholder livin		
								snacks for lav	N S	tudents afte	er mock trial	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
	experientare to benefit or of											
	Date		Payee name									
	06/20/2024		Hobby Lobb	У								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$235.70		26060 US 2	90								
			Cypress , TX	X 77429								
\vdash	PURPOSE	(a)		e Categories listed at	Alexander of the control of the cont	-11-\	(h)	Description				
	OF	(۳)	Chambers d		tne top of this sche	dule)	(2)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Chambers a	10001				Check if Austin,	, TX,	officeholder livin	g expense	
								certificate frai	min	ıg		
	Complete ONLY if direct		Candidate/Offic	ceholder name	O	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OH											
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ment Solicitation/Fundraising Expense
nse Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (parter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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)					
	Sch: 6/13 Rpt: 17/24	Rogers, Dawn Deshea (The Honorable) 00084199					
4	Date	5 Payee name					
	06/13/2024	Houston Airport GastroHub					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$26.76	7800 Airport Blvd					
		Houston, TX 77061					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Food/Beverage Expense					
		Check if Austin, TX, officeholder living expense Dinner while traveling to speaking engagement in					
		Frisco, TX					
L							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	experience to benefit of or						
	Date	Payee name					
	06/10/2024	III Forks					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$199.29	1111 Lavaca St,					
	,						
		Austin , TX 78701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Dinner while in Austin for speaking engagement.					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O						
	Date	Payee name					
	06/10/2024	Kroozin Market					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$50.16	5803 Barker Cypress Rd					
		Katy, TX 77449					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.					
	LAFENDITURE	Expense Check if Austin, TX, officeholder living expense					
		Gas for traveling to speaking engagement in Austin,					
		TX					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1					
ı							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/13 Rpt: 18/24 Rogers, Dawn Deshea (The Honorable) 00084199 4 Date Payee name 04/30/2024 Mendocino Farms 6 Amount (\$) Payee address; City; State; Zip Code \$40.05 609 Main Street Houston, TX 77002 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Lunch for court staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/23/2024 Mr. Donuts Amount (\$) Payee address; City; State; Zip Code \$30.26 4607 Highway 6 N Houston, TX 77095 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Breakfast for court staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/31/2024 NATIONAL ASSOCIATION OF WOMEN JUDGES Amount (\$) Payee address: City: State: Zip Code \$255.00 PO BOX 3363 WARRENTON, VA 20188 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. membership dues **EXPENDITURE** Check if Austin, TX, officeholder living expense annual membership dues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District 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)					
	Sch: 8/13 Rpt: 19/24	Rogers, Dawn Deshea (The Honorable)	00084199					
4	Date	5 Payee name						
	04/29/2024	POSTAL PLUS ONE						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
Ü	\$20.83	6037 N. Fry Rd.						
	Ψ20.00	0007 N. 1 19 Nd.						
		W-t- TV 77440						
		Katy, TX 77449						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	postage	utside of Texas. Complete Schedule T. TX, officeholder living expense					
		1 U	orrespondence to TEC					
			•					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI							
	Date	Payee name						
	06/21/2024	Sams Club						
	Amount (\$) \$214.14							
	Ψ214.14	10488 Katy Frwy						
		House TV 77040						
		Houston, TX 77043						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	ustaida of Tayaa Camplata Cabadula T					
EXPENDITURE		1 Toda/Beverage Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense					
		Jury snacks	· .					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	Н						
	Date	Payee name						
	03/28/2024	Sams Club						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$52.92	10488 Katy Frwy						
		Houston, TX 77043						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	, , , , , , , , , , , , , , , , , , ,	utside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin,	TX, officeholder living expense					
		Lunch for cou	rt staff					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	experiulture to benefit C/OH							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	<u> </u>	-					
1	Sch: 9/13 Rpt: 20/24	2 FILER NAME Rogers, Dawn Deshea (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084199						
4	Date	5 Payee name	_					
7	03/07/2024	Sams Club						
	03/07/2024	Sains Club						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$227.95	10488 Katy Frwy						
		Houston, TX 77043						
L			_					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Food/Beverage Expense						
	-	Check if Austin, TX, officeholder living expense						
		Jury snacks						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	H						
H	Date	Payee name	=					
	01/08/2024	Sams Club						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$145.72	10488 Katy Frwy						
		Houston, TX 77043						
			_					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Jury snacks						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	n						
	Date	Payee name	=					
	06/13/2024	Southwest Airlines						
			_					
	Amount (\$)	Payee address; City; State; Zip Code						
	\$271.97	2702 Love Field Dr						
		Dallas, TX 75235						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_					
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Flight to Dallas, TX for speaking engagement						
		3						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_					
	Complete ONLY if direct expenditure to benefit C/OI							
	p = 1 1 12 12 120 3/01							

SCHEDULE F1

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)

Credit Card Payment	The Instruction Guide explains how to co	mplete this	form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 10/13 Rpt: 21/24	Rogers, Dawn Deshea (The Honorable)			00084199	
4 Date	5 Payee name		<u> </u>		
06/14/2024	Starbucks				
6 Amount (\$)	7 Payee address; City; State; Zip Co	de			
\$7.90	8008 Herb Kelleher WAy				
	Dallas, TX 75235				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descr	ription		
OF EXPENDITURE	Food/Beverage Expense	Che	eck if travel outsi		plete Schedule T.
EXPENDITORE				, officeholder living	
			rage aπer s erence	speaking at	Court Professional
O Complete ONII V if direct	Condidate/Officeholder some			Office le	-1 d
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt		Office h	eia
Date	Payee name				
06/10/2024	Starbucks				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$6.77	12608 Lexington St				
	Manor , TX 78653				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descr			
EXPENDITURE	Food/Beverage Expense			ide of Texas. Com , officeholder living	plete Schedule T.
					from speaking
			gement.	3	1 3
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	-1				
Date	Payee name				
05/01/2024	Strong Strategies				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$305.79	PO Box 56386				
	Houston, TX 77256				
PURPOSE		(h) Doser	intion		
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Descr		ide of Texas. Com	plete Schedule T.
EXPENDITURE	Office Overhead/Nertal Expense	Che	eck if Austin, TX	, officeholder living	g expense
		Reim	bursement	for constan	t contact account
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght		Office h	eld
experiulture to beliefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/13 Rpt: 22/24 Rogers, Dawn Deshea (The Honorable) 00084199 4 Date Payee name 02/08/2024 Strong Strategies 6 Amount (\$) Payee address; City; State; Zip Code \$774.42 PO Box 56386 Houston, TX 77256 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense campaign fundraiser expenses Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/29/2024 Strong Strategies Amount (\$) Payee address; City; State; Zip Code \$4,610.83 PO Box 56386 Houston, TX 77256 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense fundraising expense and costs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/05/2024 TOP LADIES OF DISTINCTION, INC Amount (\$) Payee address: City: State; Zip Code \$125.00 2607 PROSPECT ST. HOUSTON, TX 77004 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign ad in event pamphlet Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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)					
	Sch: 12/13 Rpt: 23/24	Rogers, Dawn Deshea (The Honorable) 00084199					
4	Date	5 Payee name					
	01/22/2024	Texas Bar College					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$75.00	PO Box 12487					
		Austin, TX 78711					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Texas Bar College Membership dues Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Membership dues					
		Wellisteinp adde					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Date	Payee name					
	03/20/2024	Texas Bar Foundation					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$250.00	515 Congress Ave					
	7-2000						
		Austin, TX 78701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Candidate/Officeholder/Political Committee					
		Membership dues					
	Operation ONLY if allower	Out tidate Office health are seen as the s					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name The Past Oak Pas Valet					
	03/20/2024	The Post Oak Res Valet					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$17.00	1415 S Post Oak Ln.					
		Heusten TV 770FC					
		Houston, TX 77056					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Parking for event					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	7					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Conditional Office holder/Political

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Printing E Legal Services Salaries/ The Instruction Guide explains how to co	Wages	es/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 13/13 Rpt: 24/24	2	FILER NAME Rogers, Dawn Deshea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084199
4	Date 01/23/2024		Payee name Vaskey Media Group Inc.	odo	
6	Amount (\$) \$2,500.00	<i>'</i>	Payee address; City; State; Zip Co 7322 Southwest Frwy Ste 800 Houston, TX 77074	oue	
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Event Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsor for D-Mars Top 50 Professionals in Texas
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ught	t Office held
	Date 03/04/2024		Payee name Vaskey Media Group Inc.		
	Amount (\$) \$270.63		Payee address; City; State; Zip Co 7322 Southwest Frwy Ste 800 Houston, TX 77074	ode	
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Event Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event photoshoot/photos
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ught	t Office held