

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00084199	<b>2</b> Total pages filed:  35
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Dawn Deshea	MI OFFICE USE ONLY Date Received <b>ELECTRONICALLY FILED</b> 01/15/2025
	NICKNAME	LAST Rogers	SUFFIX
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 6037 N. Fry Rd. Suite 126-539 Houston, TX 77449		Date Hand-delivered or Date Postmarked  Receipt #      Amount  Date Processed  Date Imaged
	MS / MRS / MR Mrs.		FIRST Stacia
	NICKNAME		LAST Wilson
	SUFFIX		SUFFIX
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 19518 Brittany Creek Dr.  Spring, TX 77388		
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (281) 924-0250		
<b>8</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
<b>9</b> PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year 07/01/2024      12/31/2024		
<b>10</b> ELECTION	ELECTION DATE Month      Day      Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any) District Judge District 334 Harris	<b>12</b> OFFICE SOUGHT (if known) District Judge	

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 35

**13** C / OH NAME      Rogers, Dawn Deshea (The Honorable)      **14** Filer ID      (Ethics Commission Filers)  
00084199

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	43,588.21
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	21,803.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	170,050.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17** AFFIDAVIT

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.

The Honorable Dawn Deshea Rogers  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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

# SUBTOTALS - JC/OH

<b>18 FILER NAME</b> Rogers, Dawn Deshea (The Honorable)	<b>19 Filer ID</b> (Ethics Commission Filers) 00084199
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<b>20 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 33,925.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 9,663.21
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 21,803.63
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 1/13 Rpt: 4/35
2 FILER NAME Rogers, Dawn Deshea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084199
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ABEL, MANJI	7 Amount of Contribution (\$)  \$2,000.00
	6 Contributor address; City; State; Zip Code  SUGAR LAND, TX 77479	
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title ATTORNEY
10 Contributor's employer/law firm HIRD CHU LAWJI, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ADROGUE, MATTIAS	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77006	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm MATIAS J. ADROGUE, PLLC		Law firm of contributor's spouse (if any) MATIAS J. ADROGUE, PLLC
If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ALI, SHOWKAT	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  SPRING, TX 77379	
Contributor's Principal Occupation CONTRACTOR		Contributor's Job Title CONTRACTOR
Contributor's employer/law firm ARCHPOINT		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/13 Rpt: 5/35
<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084199
<b>4</b> Date 10/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAND, LEON	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  CYPRESS, TX 77433	
<b>8</b> Contributor's Principal Occupation FINANCIAL ADVISOR		<b>9</b> Contributor's Job Title FINANCIAL ADVISOR
<b>10</b> Contributor's employer/law firm SELF		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANTLEY, PHILLIP	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  SUGARLAND, TX 77479	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm PHILLIP BRANTLEY & ASSOCIATES		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, LORI	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  PLEDGER, TX 77468	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm BROWN & MUSSLEWHITE LTD		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 3/13 Rpt: 6/35
2 FILER NAME Rogers, Dawn Deshea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084199
4 Date 07/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradley Arant Boulton Cummings Texas PAC	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75270	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COLLUM, JAMES	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77265	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm JAMES JOSHUA COLLUM PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CRIM & VILLALPANDO, PC	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77092	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 4/13 Rpt: 7/35
2 FILER NAME Rogers, Dawn Deshea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084199
4 Date 09/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DUBROWSKI STAFFORD & PIERCE LLP	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77007	
8 Contributor's Principal Occupation		9 Contributor's Job Title ATTORNEY
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARCIA, ORLANDO F.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  MCALLEN, TX 78504	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm ORLANDO GARCIA LAW FIRM, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARCIA, RAMON	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78539	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm ORLANDO GARCIA LAW FIRM, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 5/13 Rpt: 8/35
2 FILER NAME Rogers, Dawn Deshea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084199
4 Date 07/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAGANS, WILLIAM FRED	7 Amount of Contribution (\$)  \$500.00
6 Contributor address; City; State; Zip Code  HOUSTON, TX 77006		
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title ATTORNEY
10 Contributor's employer/law firm HAGANS		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HIGGINS, RYAN	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  HOUSTON, TX 77010		
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm RUSTY HARDIN & ASSOCIATES		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOGAN, CHRISTOPER	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  HOUSTON, TX 77002		
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm HOGAN THOMPSON SCHUELKE, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 6/13 Rpt: 9/35
2 FILER NAME Rogers, Dawn Deshea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084199
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HULL, CARLTON	7 Amount of Contribution (\$)  \$125.00
	6 Contributor address; City; State; Zip Code  CHICAGO, IL 60620	
8 Contributor's Principal Occupation ENGINEER		9 Contributor's Job Title ENGINEER
10 Contributor's employer/law firm CITY OF CHICAGO		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAVIER MARCOS ABOGO DE ACCIDENTES	Amount of Contribution (\$)  \$5,000.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77006	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM ADLER & ASSOCIATES	Amount of Contribution (\$)  \$5,000.00
	Contributor address; City; State; Zip Code  Houston, TX 77027	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 7/13 Rpt: 10/35
2 FILER NAME Rogers, Dawn Deshea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084199
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey, Newport	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77024	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm JEFFREY NEWPORT LAW OFFICES		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF DOMINGO GARCIA LLP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75243	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF JAS JORDAN, PLLC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77051	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 8/13 Rpt: 11/35
2 FILER NAME Rogers, Dawn Deshea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084199
4 Date 07/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Law Offices of Jeffrey R. Newport	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77024	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MALLEY LAW FIRM, PLLC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  BEAUMONT, TX 77706	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MANJI & ASSOCIATES, PC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  SUGAR LAND, TX 77449	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 9/13 Rpt: 12/35
2 FILER NAME Rogers, Dawn Deshea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084199
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARKER, DERRICK	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code  MISSOURI CITY, TX 77459	
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title ATTORNEY
10 Contributor's employer/law firm DG PARKER LAW FIRM		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK M. FLYNN, A PROF LEGAL CORP	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77008	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAXTON, RICHARD	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  houston, TX 77056	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm PAXTON LAW FIRM		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 10/13 Rpt: 13/35
<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084199
<b>4</b> Date 10/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PIGG, RYAN <hr/> <b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77006	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation ATTORNEY		<b>9</b> Contributor's Job Title ATTORNEY
<b>10</b> Contributor's employer/law firm THE BUZZBEE LAWFIRM		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RODEN, JOE M. <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77010	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title PARTNER
Contributor's employer/law firm RUSTY HARDIN & ASSOCIATES, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RUSSEL, HARDIN <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77005	Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm RUSTY HARDIN & ASSOCIATES		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 11/13 Rpt: 14/35
2 FILER NAME Rogers, Dawn Deshea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084199
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMS, LIONEL	7 Amount of Contribution (\$)  \$500.00
	6 Contributor address; City; State; Zip Code  HOUSTON, TX 77030	
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title ATTORNEY
10 Contributor's employer/law firm THE BUZZBEE LAWFIRM		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SONNIER, MARK	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77085	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm MDS LAW		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE FELDMAN LAW FIRM, LLP	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  HOUSTON , TX 77057	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 12/13 Rpt: 15/35
<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084199
<b>4</b> Date 07/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE HADI LAW FIRM <hr/> <b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77036	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TORRENCE, TRAVIS <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77079	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm SHELL USA, INC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WASHINGTON, MICKEY <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77004	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm WASHINGTON & ASSOCIATES		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 13/13 Rpt: 16/35
<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00084199
<b>4</b> Date 07/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WRIGHT CLOSE & BARGER, LLP <hr style="border-top: 1px dotted black;"/> <b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77056	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ware, Jackson, Lee, O'Neill, Smith & Barrow LLP <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/2 Rpt: 17/35	
2 FILER NAME Rogers, Dawn Deshea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084199	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/18/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRAR & BALL LLP	8 Amount of contribution (\$) \$2,415.80	9 In-kind contribution description FOOD/DRINK FOR FUNDRAISER
	7 Contributor address; City; State; Zip Code  HOUSTON, TX 77008	<input type="checkbox"/> 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 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, JESUS	Amount of contribution (\$) \$2,415.81	In-kind contribution description FOOD/DRINK FOR FUNDRAISER
	Contributor address; City; State; Zip Code  HOUSTON, TX 77098	<input type="checkbox"/> 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) ATTORNEY		Contributor's job title (FOR JUDICIAL) (See instructions) PARTNER	
Contributor's employer/law firm (FOR JUDICIAL) KHERKER GARCIA		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kherkher, Steven	Amount of contribution (\$) \$2,415.80	In-kind contribution description FOOD/DRINK FOR FUNDRAISER
	Contributor address; City; State; Zip Code  Houston, TX 77098	<input type="checkbox"/> 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) Attorney		Contributor's job title (FOR JUDICIAL) (See instructions) PARTNER	
Contributor's employer/law firm (FOR JUDICIAL) KHERKER GARCIA, LLP		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 2/2 Rpt: 18/35	
2 FILER NAME Rogers, Dawn Deshea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084199	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/18/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowenberg Law Firm	8 Amount of contribution (\$) \$2,415.80	9 In-kind contribution description FOOD/DRINK FOR FUNDRAISER
	7 Contributor address; City; State; Zip Code  HOUSTON, TX 77024	<input type="checkbox"/> 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)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/17 Rpt: 19/35	<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084199
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<b>4</b> Date 10/23/2024	<b>5</b> Payee name 2020 MARKET SCRATCH KITCHEN
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<b>6</b> Amount (\$) \$33.68	<b>7</b> Payee address; City; State; Zip Code 1500 RIVERY BLVD  GEORGETOWN, TX 78628
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DINING WHILE ATTENDING REQ'D FAMILY VIOLENCE CLE
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/23/2024	Payee name 2020 MARKET SCRATCH KITCHEN
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Amount (\$) \$15.00	Payee address; City; State; Zip Code 1500 RIVERY BLVD  GEORGETOWN, TX 78628
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DINING WHILE WHILE ATTENDING REQUIRED FAMILY VIOLENCE CLE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2024	Payee name ACT BLUE
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Amount (\$) \$80.63	Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ACT BLUE SERVICE FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/17 Rpt: 20/35	<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084199
<b>4</b> Date 11/14/2024	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$43.25	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave. N  Seattle , WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense OFFICE SUPPLIES FOR JURY ROOM
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2024	Payee name Amazon	
Amount (\$) \$22.51	Payee address; City; State; Zip Code 410 Terry Ave. N  Seattle , WA 98109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GIFT FOR COURT STAFF
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2024	Payee name BEST BUY	
Amount (\$) \$1,050.00	Payee address; City; State; Zip Code 2480 HWY 6 S  HOUSTON, TX 77077	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN LAPTOP AND MICROSOFT SUBSCRIPTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/17 Rpt: 21/35	<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084199
<b>4</b> Date 12/06/2024	<b>5</b> Payee name Brennan's	
<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address; City; State; Zip Code 3300 Smith St  Houston, TX 77006	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CIVIL JUDICIAL DIVISION HOLIDAY DINNER
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2024	Payee name DAVIS STREET AT HERMAN PARK RESTAURANT	
Amount (\$) \$76.95	Payee address; City; State; Zip Code 5925 ALMEDA RD.  HOUSTON, TX 77004	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN DINNER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2024	Payee name Direct TV	
Amount (\$) \$115.36	Payee address; City; State; Zip Code 2260 E. Imperial Hwy.  El Segundo, CA 90245	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COURT/CHAMBERS CABLE SUBSCRIPTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/17 Rpt: 22/35	<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084199
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<b>4</b> Date 08/09/2024	<b>5</b> Payee name ECO PARK HOUSTON
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<b>6</b> Amount (\$) \$40.00	<b>7</b> Payee address; City; State; Zip Code 16152 John F Kennedy Blvd  HOUSTON, TX 77032
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) AIRPORT PARKING	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AIRPORT PARKING
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/18/2024	Payee name FOGO DE CHOU
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Amount (\$) \$46.60	Payee address; City; State; Zip Code 19820 NORTHWEST FWY  HOUSTON, TX 77065
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN LUNCH
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/23/2024	Payee name FOOD BOX #12
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Amount (\$) \$43.70	Payee address; City; State; Zip Code 17615 E US 290  ELGIN, TX 78621
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GAS WHILE RETURNING HOME FROM FAMILY VIOLENCE CLE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/17 Rpt: 23/35	<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084199
<b>4</b> Date 10/23/2024	<b>5</b> Payee name FOOD BOX #12	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 17615 E US 290  ELGIN, TX 78621	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DINING WHILE RETURNING HOME FROM FAMILY VIOLENCE CLE
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name Four Seasons	
Amount (\$) \$35.53	Payee address; City; State; Zip Code 98 San Jacinto Blvd.  Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN DINNER
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/25/2024	Payee name Four Seasons	
Amount (\$) \$1,657.29	Payee address; City; State; Zip Code 300 S Doheny Dr,  LOS ANGELES, CA 90048	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) JUDICAL CLE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HOTEL STAY FOR ANNUAL CIVIL DIVISION JUDICIAL CLE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/17 Rpt: 24/35	<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084199
<b>4</b> Date 10/08/2024	<b>5</b> Payee name HOTEL ZAZA	
<b>6</b> Amount (\$) \$709.49	<b>7</b> Payee address; City; State; Zip Code 5701 MAIN ST.  HOUSTON, TX 77005	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HOTEL STAY DURING TMSL ALUMNI BOARD EVENT
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/25/2024	Payee name HOUSTONIAN	
Amount (\$) \$21.00	Payee address; City; State; Zip Code 111 N, POST OAK LN  HOUSTON, TX 77024	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PARKING TO ATTEND TACTAS DINNER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2024	Payee name Harris County Democratic Party	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 4619 Lyons Ave  Houston, TX 77020	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV DONATION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/17 Rpt: 25/35	<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084199
<b>4</b> Date 07/31/2024	<b>5</b> Payee name Hobby Lobby	
<b>6</b> Amount (\$) \$181.32	<b>7</b> Payee address; City; State; Zip Code 26060 US 290  Cypress , TX 77429	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) COURT DECOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FRAMING/DECOR
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/19/2024	Payee name Homegoods	
Amount (\$) \$60.39	Payee address; City; State; Zip Code 770 Cochituate Rd  Framington , MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HOLIDAY GIFTS FOR TEAM AND COLLEAGUES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/02/2024	Payee name Homegoods	
Amount (\$) \$32.46	Payee address; City; State; Zip Code 770 Cochituate Rd  Framington , MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OFFICE EQUIPMENT/DECOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DECOR/SUPPLIES FOR CHAMBERS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/17 Rpt: 26/35	<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084199
<b>4</b> Date 07/22/2024	<b>5</b> Payee name Homegoods	
<b>6</b> Amount (\$) \$40.04	<b>7</b> Payee address; City; State; Zip Code 770 Cochituate Rd  Framington , MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) COURT DECOR/EQUIPMENT	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COURT DECOR/EQUIPMENT
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name Houston Black American Democrats	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 4806 Edfield St  Houston, TX 77033	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2024	Payee name KISS Houston	
Amount (\$) \$663.05	Payee address; City; State; Zip Code 2313 Edwards St #100  Houston, TX 77007	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COURT CHRISTMAS DINNER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/17 Rpt: 27/35	<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084199
<b>4</b> Date 10/30/2024	<b>5</b> Payee name LAZ PARKING	
<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address; City; State; Zip Code 301 HAMILTON ST.  HOUSTON, TX 77002	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PARKING TO EVENT
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2024	Payee name MEYERLAND AREA DEMOCRATS CLUB	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 4738 Beechnut  HOUSTON, TX 77096	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2024	Payee name NOTHING BUT BUNT CAKES	
Amount (\$) \$43.47	Payee address; City; State; Zip Code 9822 FRY RD  CYPRESS, TX 77433	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BIRTHDAY CAKE FOR COURT STAFF
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/17 Rpt: 28/35	<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084199
<b>4</b> Date 11/07/2024	<b>5</b> Payee name PAPASITOS CANTINA	
<b>6</b> Amount (\$) \$398.96	<b>7</b> Payee address; City; State; Zip Code 2515 S. Loop  HOUSTON, TX 77054	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LUNCH FOR COURT STAFF
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2024	Payee name PARTY CITY	
Amount (\$) \$42.12	Payee address; City; State; Zip Code 6757 HWY 6  HOUSTON, TX 77084	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BALLOONS FOR FUNDRAISER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2024	Payee name POSTAL PLUS ONE	
Amount (\$) \$144.00	Payee address; City; State; Zip Code 6037 N. Fry Rd.  Katy, TX 77449	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ANNUAL PO BOX RENTAL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/17 Rpt: 29/35	<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084199
<b>4</b> Date 11/05/2024	<b>5</b> Payee name POSTAL PLUS ONE	
<b>6</b> Amount (\$) \$45.00	<b>7</b> Payee address; City; State; Zip Code 6037 N. Fry Rd.  Katy, TX 77449	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) POSTAGE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE FOR THANK YOU NOTES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2024	Payee name POSTAL PLUS ONE	
Amount (\$) \$30.30	Payee address; City; State; Zip Code 6037 N. Fry Rd.  Katy, TX 77449	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) POSTAGE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE FOR THANK YOU NOTES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2024	Payee name PayPal	
Amount (\$) \$35.39	Payee address; City; State; Zip Code 2211 North First Street  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYPAL FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/17 Rpt: 30/35	<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084199
<b>4</b> Date 07/18/2024	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$9.22	<b>7</b> Payee address; City; State; Zip Code 2211 North First Street  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYPAL FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 07/20/2024	Payee name PayPal	
Amount (\$) \$14.94	Payee address; City; State; Zip Code 2211 North First Street  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYPAL FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/10/2024	Payee name PayPal	
Amount (\$) \$15.38	Payee address; City; State; Zip Code 2211 North First Street  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYPAL FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/17 Rpt: 31/35	<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084199
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<b>4</b> Date 09/28/2024	<b>5</b> Payee name PayPal
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<b>6</b> Amount (\$) \$29.39	<b>7</b> Payee address; City; State; Zip Code 2211 North First Street  San Jose, CA 95131
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYPAL FEES
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2024	Payee name PayPal
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Amount (\$) \$72.74	Payee address; City; State; Zip Code 2211 North First Street  San Jose, CA 95131
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYPAL FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/15/2024	Payee name ROYAL SONESTA
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Amount (\$) \$10.00	Payee address; City; State; Zip Code 2222 WEST LOOP SOUTH  HOUSTON, TX 77027
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PARKING AT HOUSTON BAR EVENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/17 Rpt: 32/35	<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084199
<b>4</b> Date 09/24/2024	<b>5</b> Payee name RallyPay	
<b>6</b> Amount (\$) \$570.35	<b>7</b> Payee address; City; State; Zip Code 995 Market Street, 2nd Floor  San Francisco, CA 94105	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CHARGEBACKS TO RALLYPAY FOR FAILED TRANSACTIONS</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/08/2024	Payee name SCOTT, LASHELLE	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 3600 W. SAM HOUSTON PKWAY  HOUSTON, TX 77042	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>GOTV CONTRIBUTION</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/23/2024	Payee name SHERATON AUSTIN	
Amount (\$) \$303.92	Payee address; City; State; Zip Code 1101 WOODLAWN AVE  GEORGETOWN, TX 78628	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) HOTEL	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>ACCOMODATIONS WHILE ATTENDING FAMILY VIOLENCE CLE</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/17 Rpt: 33/35	<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084199
<b>4</b> Date 11/25/2024	<b>5</b> Payee name Sams Club	
<b>6</b> Amount (\$) \$118.89	<b>7</b> Payee address; City; State; Zip Code 10488 Katy Frwy  Houston, TX 77043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense JURY SNACKS
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2024	Payee name Southwest Airlines	
Amount (\$) \$357.96	Payee address; City; State; Zip Code 2702 Love Field Dr  Dallas, TX 75235	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) FLIGHT TO ANNUAL JUDICAL CLE/RETREAT	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RT FLIGHT TO ANNUAL JUDICAL CLE/RETREAT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2024	Payee name Southwest Democrats	
Amount (\$) \$200.00	Payee address; City; State; Zip Code P.O. Box 2053  Bellaire, TX 77402	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/17 Rpt: 34/35	<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084199
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<b>4</b> Date 10/04/2024	<b>5</b> Payee name TEXAS ETHICS COMMISSION
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<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code SAM HOUSTON BLDG 201 EAST 14TH ST., 10TH FLOOR AUSTIN, TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) LATE FILING FEE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LATE FILING FEE
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/08/2024	Payee name THE NEW STAND
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Amount (\$) \$7.29	Payee address; City; State; Zip Code 1 WORLD WAY  LOS ANGELES, CA 90045
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SNACK AT AIRPORT RETURNING FROM ANNUAL JUDICIAL CLE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/17/2024	Payee name Texas Association of District Judges
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Amount (\$) \$51.06	Payee address; City; State; Zip Code PO Box 1748  Austin, TX 78767
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ANNUAL MEMBERSHIP
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/17 Rpt: 35/35	<b>2</b> FILER NAME Rogers, Dawn Deshea (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00084199
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<b>4</b> Date 11/13/2024	<b>5</b> Payee name Texas Center for the Judiciary
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<b>6</b> Amount (\$) \$65.00	<b>7</b> Payee address; City; State; Zip Code 1210 San Antonio STE 800 AUSTIN, TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense UPDATED BENCH BOOK
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/26/2024	Payee name Texas Center for the Judiciary
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Amount (\$) \$35.00	Payee address; City; State; Zip Code 1210 San Antonio Suite 800 AUSTIN, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CHILD WELFARE CLE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COST FOR CHILD WELFARE ONLINE CLE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2024	Payee name Thurgood Marshall School of Law
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Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 3100 Cleburne St  Houston, TX 77004
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ALUMNI DONATION
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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