# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00069001		2 Total pages	filed: 126	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY	
OFFICEHOLDER NAME	The Honorable	Dawn C.			Date Received		
					ELECTRONIC	CALLY FILED	
	NICKNAME			CUEFIX	01/13/2025	57 (221 1 1225	
	NICKNAME	LAST		SUFFIX M.D.	01/13/2023		
		Buckingham		IVI.D.			
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked	
OFFICEHOLDER MAILING	P.O. Box 342524				Receipt #	Amount	
ADDRESS					Receipt #	Amount	
Change of Address	Austin, TX 78734				Date Processed		
					Date Imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI			
TREASURER NAME	Mr.	Edward D.					
	NICKNAME	LAST		SUFFIX			
		Buckingham		M.D.			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE#; CITY;	; S1	TATE; ZIP CODE	
TREASURER ADDRESS	404 Hurst Creek Rd.						
(Residence or Business)	Lakeway, TX 78734						
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION				
PHONE	(512) 261-6858						
8 REPORT TYPE	[	7		5 F	T 450 4		
'''-	X January 15	30th day before	election	Runoff	appointment (of	ampaign treasurer fficeholder only)	
	July 15	8th day before	election	Exceeded modified	Final Report (A	ttach C/OH-FR)	
		<u></u>		reporting limit			
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	07/01/2024	TH	ROUGH	12/31/202	24		
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year	X Pi	rimary	Runoff	Other		
	03/03/2026	l∏G	eneral	Special			
				ш .			
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)		
	Land Commissioner Travi	S		Land Commission			
	22 72 24 25 2						
		GOT	O PAGE 2				

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

2 of 126

13 C / OH NAME Buckingham M.D., Dawn C. (The Honorable)  14 Filer ID 00069001				(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or politic These expenditures may have been m officeholders are required to report th	ade without the candidate's or office	eholder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
ш°	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASUR	ER NAME			
		COMMITTEE CAMPAIGN TREASUR	ER ADDRESS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (( ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEE	S OF LOANS)	\$ 950,647.41		
EXPENDITURE TOTALS						
	4. TOTAL POLITICAL EXPENDITURES \$					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED A RIOD	S OF THE LAST DAY OF THE	\$ 2,003,167.54		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$ 0.00		
<b>17</b> AFFIDAVIT			under penalty of perjury, that the aco nd includes all information required to ction Code.			
		The	Honorable Dawn C. Buckingha	m M.D.		
			Signature of Candidate or Officehol	der		
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	day		
of	, 20, to ce	rtify which, witness my hand and seal	of office.			
Signature of office	cer administering	Printed name of officer administe	ering Title of office	administering oath		

#### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

3 of 126

					3 01 120
<b>18</b> FIL	ER NAM	ME	19 Filer ID	(Ethic	s Commission Filers)
Вι	ıckingha	am M.D., Dawn C. (The Honorable)	00069001		
		E SUBTOTALS		5	SUBTOTAL AMOUNT
N/	ME OF	SCHEDULE			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	858,850.00
2.	X	\$	91,797.41		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4. SCHEDULE E: LOANS					
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				122,968.39
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	33,538.71
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	RETURNED	\$	26,481.12

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	NS		SCHEDULE A1	
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 1/60 Rpt: 4/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069001	
4	Date 10/08/2024	<ul> <li>Full name of contributor  out-of-state PAC (Abshire, Richard</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$) \$250.	00
_	Deire sin al access	Houston, TX 77024	- 10	Frankrije (Ozakasti oza	<u></u>		
8		pation / Job title (See Instructions) nt of Finance	9	Employer (See Instructions Adams Resources	5)		
	Date 10/08/2024	Full name of contributor out-of-state PAC ( Adams, John L Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$1,000.	00
	Drincinal occu	Dallas, TX 75205 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Chairman	pation / Job title (See Instructions)		Group 1 Automotive	·)		
	Date 11/04/2024	Full name of contributor out-of-state PAC ( Aguirre & Fields LP PAC  Contributor address; City; State; Zip Code	ID#:	)		Amount of Contribution (\$) \$250.	00
		Sugar Land, TX 77479					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/03/2024	Full name of contributor out-of-state PAC ( Albert, Frieda Contributor address; City; State; Zip Code  Lakeway, TX 78734		)		Amount of Contribution (\$) \$50.	00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 11/04/2024	Full name of contributor out-of-state PAC ( Allen Boone Humphries Robinson, LLP Contributor address; City; State; Zip Code Houston, TX 77027				Amount of Contribution (\$) \$10,000.	00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	NETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 2/60 Rpt: 5/126			
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorab	ole)			3	Filer ID (Ethics Commission 00069001	on Filers)		
4	Date 12/03/2024	<ul><li>5 Full name of contributor Allen, Peter</li><li>6 Contributor address; City; St</li></ul>			)	7	Amount of Contribution (\$)	\$250.00		
		Austin, TX 78758								
8	Principal occu retired	pation / Job title (See Instructions	(9)		Employer (See Instructions retired	5)				
	Date 12/14/2024	Full name of contributor Ansell, William Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00		
	Principal occu	Galveston, TX 77551 pation / Job title (See Instructions	s)		Employer (See Instructions	(s)				
	CPA	panon, oos nno (eee menaene)	,,		HL & BHL	,,				
	Date 11/04/2024	Full name of contributor Apache Corporation Politi Contributor address; City; St			)		Amount of Contribution (\$)	\$1,500.00		
		Houston, TX 77056								
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	s)				
	Date 12/14/2024	Full name of contributor Aplin III, Arch  Contributor address; City; Si  Lake Jackson, TX 77566	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$15,000.00		
	Principal occu Founder	pation / Job title (See Instructions	5)		Employer (See Instructions Buc-ee's	5)				
	Date 12/07/2024	Full name of contributor Archer, William Contributor address; City; Si Austin, TX 78703	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu Owner	pation / Job title (See Instructions	(3)		Employer (See Instructions Bull Creek Explorer	s)				
			1							

	MONET	ARY POLITICAL CONTR	S	SCHEDULE A1			
	The Instru	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 3/60 Rpt: 6/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069001	
4	Date 12/14/2024	<ul> <li>Full name of contributor  out-of-st  Avery, Chris</li> <li>Contributor address; City; State; Zip Cod</li> </ul>	tate PAC (ID#:	)	7	Amount of Contribution (\$) \$3,000.00	
0	Dringing oggu	Fredericksburg, TX 78624	lo.	Employer (See Instructions			
8	Owner -	pation / Job title (See Instructions)	9	Employer (See Instructions James Avery Jewelers	)		
	Date 12/14/2024	BP North America Employee PAC  Contributor address; City; State; Zip Cod	ate PAC (ID#: <u>C00</u>	060103		Amount of Contribution (\$) \$3,000.00	
	Principal occu	Houston, TX 77079 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/03/2024	Baggett, David  Contributor address; City; State; Zip Cod	tate PAC (ID#:	)		Amount of Contribution (\$) \$10,000.00	
	Principal occu Managing Pa	Houston, TX 77019 pation / Job title (See Instructions)		Employer (See Instructions Opportune LLP	)		
	Date 12/03/2024	Full name of contributor out-of-st		)		Amount of Contribution (\$) \$500.00	
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self	)		
	Date 12/03/2024	Barber, W.L.	tate PAC (ID#:			Amount of Contribution (\$) \$500.00	
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	)		
			•				

	MONEI	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE A1
	The Instru	ction Guide explains how to c	omplete this forr	m.	1	Total pages Schedule A1: Sch: 4/60 Rpt: 7/126
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069001
4	Date 11/04/2024	Barfield, Larry	ut-of-state PAC (ID#: p Code	)	7	Amount of Contribution (\$) \$1,400.00
		Cypress, TX 77443				
8	Professional		9	Employer (See Instructions Binkley & Barfield, Inc.	)	Associated Contribution (ft)
	Date 12/05/2024	Full name of contributor on Bathija, Gopal Phalajrai  Contributor address; City; State; Z  Houston, TX 77077	ut-of-state PAC (ID#:	)		Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Satya, Inc.	)	
	Date 11/04/2024	Full name of contributor on Baycroft, William  Contributor address; City; State; Z	ut-of-state PAC (ID#: p Code	)		Amount of Contribution (\$) \$150.00
		Houston, TX 77057				
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Quadrant Insurance Ser		es, LLC
	Date 12/03/2024	Full name of contributor on Beal, Terry J.  Contributor address; City; State; Z  Copperas Cove, TX 76522	it-of-state PAC (ID#:			Amount of Contribution (\$) \$75.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Central Texas Orthopae		: Clinic
	Date 10/22/2024	Beckham, John	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$) \$1,000.00
	Principal occu Insurance At	pation / Job title (See Instructions) ttorney		Employer (See Instructions Beckham Rector & Eagl		
			•			

	MONET	ARY POLITICAL CONT	S	SCHEDULE A1			
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 5/60 Rpt: 8/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 11/04/2024	<ul> <li>5 Full name of contributor out-of-Beef PAC</li> <li>6 Contributor address; City; State; Zip C</li> </ul>			7	Amount of Contribution (\$)	\$1,000.00
0	Principal occu	Amarillo, TX 79106 pation / Job title (See Instructions)	ام	Employer (See Instructions	.)		
0	Pilicipai occu	pation / Job title (See Instructions)	9	Employer (See instructions	')		
	Date 11/04/2024	Full name of contributor out-of-Benham, Bradley Joel  Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$250.00
		Abilene, TX 79609	1	5 1 (0 1 1 1	_		
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/08/2024	Full name of contributor out-of-Biegel, Steven  Contributor address; City; State; Zip C	state PAC (ID#:			Amount of Contribution (\$)	\$250.00
		Rosharon, TX 77583					
	Principal occu Construction	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 08/02/2024	Bierschwale, Bryan	state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Bierschwale Credit & Le		ing	
	Date 11/04/2024	Binkley, James	state PAC (ID#:			Amount of Contribution (\$)	\$1,400.00
	Principal occu Professional	pation / Job title (See Instructions)		Employer (See Instructions Binkley & Barfield, Inc.	5)		
	. 15.555161141		<u> </u>	zoy a barnola, inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/60 Rpt: 9/126	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Buckingham	M.D., Dawn C. (The Honorab	le)			00069001	
4	Date 10/08/2024	<ul><li>5 Full name of contributor</li><li>Bird, Gregory</li><li>6 Contributor address; City; St.</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$5,000.00
		Fort Worth, TX 76102	, , , , , , , , , , , , , , , , , , , ,				
8	Principal occu	pation / Job title (See Instructions	) 9	Employer (See Instructions	s)		
	CEO			Jetta Operating Compa	ny,	Inc.	
	Date 12/14/2024	Full name of contributor Bivins, Mark Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Amarillo, TX 79105	aic, zip couc				
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	Board of Dire		,	Texas Agricultural Land		ıst	
				· · · · · · · · · · · · · · · · · · ·	T		
	Date Full name of contributor out-of-state PAC (ID#:)  10/16/2024 Blankinship, Jeff			Amount of Contribution (\$)	\$250.00		
	10/10/2024	······································	7'- O-d-		.		Ψ230.00
		Contributor address; City; St	ate; zip Code				
		Plano, TX 75093					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	Entrepreneu	r		MobileOp4			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	09/26/2024	Boney, William				(,)	\$250.00
		Contributor address; City; St	ate; Zip Code		.!		
		Houston, TX 77058					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	Mediation Pu	ublic affairs		W Brad Boney mediatio	n p	ublic affairs	
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	08/29/2024	Brannan, Ryan	_				\$2,500.00
		Contributor address; City; St	ate; Zip Code				
		Austin, TX 78746	1				
		pation / Job title (See Instructions		Employer (See Instructions	s)		
	Attorney			The Brannan Firm			

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/60 Rpt: 10/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorab	le)		3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 11/04/2024	<ul><li>5 Full name of contributor Bridwell, Tucker</li><li>6 Contributor address; City; St.</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10,000.00
_		Abilene, TX 79041-1616		5 1 (0 1 1 1	_		
8	Principal occu President	pation / Job title (See Instructions	) 9	Employer (See Instructions Mansefeldt Investment (		ъ.	
	Date 12/03/2024	Full name of contributor Brink, Robert Contributor address; City; St				Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77063 pation / Job title (See Instructions	)	Employer (See Instructions	 		
	retired	•		retired			
	Date 10/24/2024	Full name of contributor Brooks, Barry Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75230					
	Principal occu Oncologist	pation / Job title (See Instructions	)	Employer (See Instructions Texas Oncology	5)		
	Date 12/09/2024	Full name of contributor Brooks, Randy Contributor address; City; St. San Angelo, TX 76903				Amount of Contribution (\$)	\$5,000.00
	Principal occu Retail Manaç	pation / Job title (See Instructions gement	)	Employer (See Instructions BNB Ventures	5)		
	Date 09/20/2024	Full name of contributor Brown, Anthony Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions	)	Employer (See Instructions McLeod, Alexander, Pov		& Apffel, P.C.	
			1				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE A	\1
	The Instruc	ction Guide explains how to com	plete this forn	n.	1	Total pages Schedule A1: Sch: 8/60 Rpt: 11/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission File 00069001	ers)
4	Date 11/04/2024	<ul> <li>5 Full name of contributor  out-of-s</li> <li>Bruce, Reid Stuart</li> <li>6 Contributor address; City; State; Zip Co</li> </ul>		)	7	Amount of Contribution (\$) \$10,0	00.00
8	Principal occu	Baton Rouge, LA 70808 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Attorney			Self Employed			
	Date 08/27/2024	Full name of contributor out-of-s Brunner, Harry  Contributor address; City; State; Zip Co	ode	)		Amount of Contribution (\$) \$1	00.00
		Spicewood, TX 78669					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	)		
	Date 12/14/2024	Buckingham, Robert  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$) \$1,0	00.00
	Drincinal occu	Rapid City, SD 57702 pation / Job title (See Instructions)		Employer (See Instructions			
	Retired	valion / Job title (See matrictions)		Retired	)		
	Date 11/15/2024	Burton, Linda	state PAC (ID#:	)		Amount of Contribution (\$) \$	50.00
	Principal occu retired	oation / Job title (See Instructions)		Employer (See Instructions retired	)		
	Date 09/24/2024	Byrom, Jim	state PAC (ID#:	)		Amount of Contribution (\$) \$5	00.00
	Principal occu Attorney	oation / Job title (See Instructions)		Employer (See Instructions Thompson & Horton	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 9/60 Rpt: 12/126			
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00069001			
4	Date 11/04/2024	5 Full name of contributor  out-of-state PAC (ID#: CDS Muery PAC  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$) \$500.00			
_	Drive in all account	San Antonio, TX 78216	S. Frankrije (Co.) krativski po					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	)				
	Date 12/14/2024	Full name of contributor x out-of-state PAC (ID#:_CGI Technologies and Solutions Inc PAC Contributor address; City; State; Zip Code	C00354241 )		Amount of Contribution (\$) \$2,500.00			
	Principal occu	Fairfax, VA 22030  upation / Job title (See Instructions)	Employer (See Instructions	)				
		,	J. 17. (2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2					
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_Callen, Margaret  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$10,000.00			
		Santa Fe, TX 77517						
	retired	ipation / Job title (See Instructions)	Employer (See Instructions retired	)				
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_Campbell, Cody  Contributor address; City; State; Zip Code  Ft Worth, TX 76107	)		Amount of Contribution (\$) \$10,000.00			
	Principal occu Co-Founder	pation / Job title (See Instructions)	Employer (See Instructions Double Eagle Holdings I		LC			
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_Canon, Joseph Contributor address; City; State; Zip Code  Abilene, TX 79605	)		Amount of Contribution (\$) \$2,500.00			
	Principal occu Vice Preside	upation / Job title (See Instructions) ent	Employer (See Instructions  Dodge Jones Foundation					

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instru	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 10/60 Rpt: 13/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission 00069001	n Filers)
4	Date 11/23/2024	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:; Zip Code	)	7	Amount of Contribution (\$)	\$2,500.00
_		Austin, TX 78731	<u></u>				
8	Principal occu Real Estate	pation / Job title (See Instructions) Developer		Employer (See Instructions Carpenter & Associates,			
	Date 11/21/2024	Full name of contributor  Carter, Nicholas  Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Lumberton, TX 77657 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Board Memb	er		Trecora Resources			
	Date 11/04/2024	Full name of contributor Chan, Wan-Yu Elisa Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		San Antonio, TX 78258					
	Principal occu Consulting	pation / Job title (See Instructions)		Employer (See Instructions American Council of Enç	,	eering Companies	
	Date 12/14/2024	Full name of contributor Charter Communications, Inc Contributor address; City; State Austin, TX 78701				Amount of Contribution (\$) \$:	10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 11/04/2024	Full name of contributor Chevron Employees PAC Contributor address; City; State San Ramon, CA 94583	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$7,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete this 1	orı	m.	1	Total pages Schedule A1: Sch: 11/60 Rpt: 14/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 12/03/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Clampitt, Richard</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75225 pation / Job title (See Instructions)	۱۵	Employer (See Instructions	;) 		
Ŭ	Human Reso		ľ	SPHR	,,		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Cline, Mika Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78746	_				
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas Oncology	5)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Congress Ventures, LLC Capitol Partners  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78703					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Connell, Diane Contributor address; City; State; Zip Code  Harker Heights, TX 76548		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_Cooney, Philip  Contributor address; City; State; Zip Code  San Antonio, TX 78209				Amount of Contribution (\$)	\$250.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	<b>.</b> (s)		
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	MONEI	IONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this for	n.	1	otal pages Schedule A1: Sch: 12/60 Rpt: 15/126		
2	FILER NAME				1	Filer ID (Ethics Commission	on Filers)	
	Buckingham	M.D., Dawn C. (The Honorable	e)		(	00069001		
4	Date 11/04/2024	5 Full name of contributor Copeland, David 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)	7 /	Amount of Contribution (\$)	\$1,000.00	
•	Dringing Loggy	Abilene, TX 79604-2791	I o	Employer /See Instructions				
ŏ	Principal occu President	pation / Job title (See Instructions)	9	Employer (See Instructions Shelton Family Foundations)				
	Date 11/04/2024	Full name of contributor  Crew, John  Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code	)	_	Amount of Contribution (\$)	\$2,500.00	
		Dallas, TX 75205						
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Public Werks	s)			
	Date 12/14/2024	Full name of contributor  Cummins, James  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$2,500.00	
		Houston, TX 77056						
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Academy of Healthcare	•			
	Date 12/03/2024	Full name of contributor  DVA Holding Company PA  Contributor address; City; Sta  Mobile, AL 36670		368902		Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 12/03/2024	Full name of contributor  David, Christopher  Contributor address; City; Sta  Houston, TX 77019	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu Financial Ad	pation / Job title (See Instructions) visor		Employer (See Instructions Buffalo Bayou Holdings				
			<u>,                                     </u>					

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/60 Rpt: 16/126		
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)		3	Filer ID (Ethics Commission 00069001	on Filers)	
4	Date 12/03/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ Davis, Kay</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$300.00	
_		Galveston, TX 77551	<u> </u>				
8	retired	pation / Job title (See Instructions)	Employer (See Instructions retired	5)			
	Date 12/07/2024	Full name of contributor out-of-state PAC (ID#:_ Davis, Michelle Seward  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	Hill Country Villagee, TX 78232 pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>			
	retired	pation / cos tale (cos mondolone)	retired	,			
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#:_ DeSantis, Mark  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$125.00	
		Port Bolivar, TX 77650					
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	i)			
	Date 12/07/2024	Full name of contributor out-of-state PAC (ID#:_ Denman, Jason Contributor address; City; State; Zip Code  Madison, MS 39110	)		Amount of Contribution (\$)	\$1,500.00	
	Principal occu CPA	pation / Job title (See Instructions)	Employer (See Instructions Horne LLP	i)			
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Di Lorenzo, Luisa  Contributor address; City; State; Zip Code  Birmingham, MI 48009			Amount of Contribution (\$)	\$250.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Somerset Opthalmology		C		

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 14/60 Rpt: 17/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorabl	e)		3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 12/07/2024	Full name of contributor     Dieckman, Marsha     Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,250.00
8	Principal occu	Madison, MS 39110 pation / Job title (See Instructions)	اوا	Employer (See Instructions	)		
Ü	CPA	pation 7 dob title (dee instructions)		Horne LLP	,		
	Date 09/10/2024	Full name of contributor  Dilick, Matt  Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
		Friendswood, TX 77546					
	Principal occu Commercial	pation / Job title (See Instructions) Developer		Employer (See Instructions Commerce Equities	)		
	Date 09/18/2024	Full name of contributor Dilick, Michael Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
	D: : 1	Sugar Land, TX 77479					
	retired	pation / Job title (See Instructions)		Employer (See Instructions retired	)		
	Date 12/03/2024	Full name of contributor Dippel Jr., Tieman Contributor address; City; Sta Brenham, TX 77833		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Executive VF	pation / Job title (See Instructions)		Employer (See Instructions Brenham National Bank			
	Date 10/08/2024	Full name of contributor Doyle, Matthew Thomas Contributor address; City; Sta Texas City, TX 77590	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Chairman of	pation / Job title (See Instructions) the Board		Employer (See Instructions Texas First Bank	)		
	2						

	MONET	ARY POLITICAL COI	S	SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 15/60 Rpt: 18/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 10/08/2024	Doyle, Patrick	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Texas City, TX 77590 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Attorney	,		Doyle Law Firm	•		
	Date 11/04/2024	Full name of contributor Contributor Contributor address; City; State; 2	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
		Abilene, TX 79604					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions First Financial Bank	)		
	Date 10/12/2024	Duff, Brad  Contributor address; City; State; 2	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	Houston, TX 77063 pation / Job title (See Instructions)		Employer (See Instructions			
	retired	pation / 300 title (See instructions)		retired	,		
	Date 11/04/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	)		
	Date 12/14/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3,300.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	)		
			•				

	MONET	ARY POLITICAL COI	SCHEDULE A1				
	The Instru	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 16/60 Rpt: 19/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 12/07/2024	<ul><li>5 Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$1,500.00
_	Duinning Langu	Guaynabo Guaynabo 00966 P		Franksian (Cookastin stiere			
8	Principal occu Partner	pation / Job title (See Instructions)		Employer (See Instructions Horne LLP	)		
	Date 10/10/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$300.00
	Principal occu	Houston, TX 77024 pation / Job title (See Instructions)		Employer (See Instructions	)		
	retired			retired			
	Date Full name of contributor out-of-state PAC (ID#:)  12/14/2024 Erben & Yarbrough  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/14/2024	Estes Jr., J.L.	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions Estes Family Dentistry	)		
	Date 12/03/2024	Full name of contributor C Everhart, Jane Contributor address; City; State; z San Antonio, TX 78209	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	)		
			1				

	MONET	ARY POLITICAL CO	SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 17/60 Rpt: 20/126
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069001
4	Date 11/04/2024	<ul><li>5 Full name of contributor</li><li>ExxonMobil PAC of Texas</li><li>6 Contributor address; City; State</li></ul>			7	Amount of Contribution (\$) \$5,000.00
_	5	Irving, TX 75039	T <sub>a</sub>			
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	5)	
	Date 12/03/2024	Full name of contributor Faillace, Paula Contributor address; City; State		)		Amount of Contribution (\$) \$250.00
	Deinsinal assu	Houston, TX 77079	1	Franksian (Can Instructions		
	retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)	
	Date 10/08/2024	Full name of contributor Falgout, Susan Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$) \$1,000.00
		Galveston, TX 77551				
	Principal occu Real Estate	pation / Job title (See Instructions) Agent		Employer (See Instructions Tramonte Realty, Inc	5)	
	Date 12/14/2024	Full name of contributor Farmer, Gary Contributor address; City; State Austin, TX 78746	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$) \$10,000.00
	Principal occu Title Insuran	pation / Job title (See Instructions) ce-Owner		Employer (See Instructions Heritage Title Company		Austin
	Date 12/14/2024	Full name of contributor Fields, Michael Contributor address; City; State Kerrville, TX 78028	out-of-state PAC (ID#:			Amount of Contribution (\$) \$100.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self	i)	

	MONET	NETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	rm.		1	Total pages Schedule A1: Sch: 18/60 Rpt: 21/126			
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorab	le)			3	Filer ID (Ethics Commission 00069001	on Filers)		
4	Date 11/04/2024	<ul><li>5 Full name of contributor</li><li>Finley, Janet Kaye</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$1,000.00		
		Driftwood, TX 78619								
8	retired	pation / Job title (See Instructions	) 9		Employer (See Instructions etired	i)				
	Date 11/21/2024	Full name of contributor Fisher, Bill (Lady)  Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5,000.00		
	Principal occu	Dallas, TX 75209 pation / Job title (See Instructions	)	E	Employer (See Instructions	<u> </u>				
	Refinancing		,		Sonoma Housing	,				
	Date 12/03/2024	Full name of contributor Fisher, Dean Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$250.00		
		Houston, TX 77244	1							
	Principal occu General Cou	pation / Job title (See Instructions Insel	)		Employer (See Instructions /iasat, Inc.	i)				
	Date 12/03/2024	Full name of contributor Fondren, Robert  Contributor address; City; St  Houston, TX 77056	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$2,500.00		
	•	pation / Job title (See Instructions Buiness Development	)		mployer (See Instructions Centric Infrastructure Gr		p			
	Date 12/07/2024	Full name of contributor Forbes, Neil Contributor address; City; St Ridgeland, TX 39157	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$5,000.00		
	Principal occu Partner	pation / Job title (See Instructions			Employer (See Instructions Horne LLP	()				
			•							

	MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 19/60 Rpt: 22/126		
2	FILER NAME Buckingham	: n M.D., Dawn C. (The Honorable)		3	Filer ID (Ethics Commission 00069001	n Filers)	
4	Date 09/12/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Fossum, Melanie</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$250.00	
_	Determinal age.	Houston, TX 77062	To Family (Contractions	Ĺ			
8	Principal occu retired	upation / Job title (See Instructions)	9 Employer (See Instructions retired	5) 			
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_Foster, Jim  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00	
	Principal occi	Llano, TX 78643  upation / Job title (See Instructions)	Employer (See Instructions	·,			
	retired	pation / Job title (See mail uctions)	retired	·)			
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_Foster, Leonard  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$54.00	
		Richardson, TX 75018					
	Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions retired	5)			
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ French, Arthur  Contributor address; City; State; Zip Code  Rockport, TX 78382			Amount of Contribution (\$)	\$100.00	
	Principal occu Director	upation / Job title (See Instructions)	Employer (See Instructions Relevant Solutions	5)			
	Date 10/06/2024	Full name of contributor out-of-state PAC (ID#:_ Gallagher, Mike Contributor address; City; State; Zip Code Houston, TX 77042	)		Amount of Contribution (\$)	\$250.00	
	Principal occu CFO	upation / Job title (See Instructions)	Employer (See Instructions DCCM	<u>(</u>			

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 20/60 Rpt: 23/126		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Buckingham	M.D., Dawn C. (The Honorable)		00069001		
4	Date 10/08/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$) \$2,500.00		
		Galveston, TX 77552				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	ns)		
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)		
	12/03/2024	Gardner, Austin		\$100.00		
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occurretired	ipation / Job title (See Instructions)	Employer (See Instructions retired	ns)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Garrett, Jon Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$10,000.00		
		Waxahachie, TX 75165				
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Apex Services	ns)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Gates, Cathy Contributor address; City; State; Zip Code Temple, TX 76502	)	Amount of Contribution (\$)		
	Principal occuretired	upation / Job title (See Instructions)	Employer (See Instructions retired	ns)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Gavitt, Frank Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)		
	Principal occu	Flower Mound, TX 75022 upation / Job title (See Instructions)	Employer (See Instructions retired	ns)		

	MONET	ARY POLITICAL C		SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 21/60 Rpt: 24/126
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable	e)		3	Filer ID (Ethics Commission Filers) 00069001
4	Date 11/04/2024	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$) \$800.00
8	Principal occu	Katy, TX 77494 pation / Job title (See Instructions)	lo.	Employer (See Instructions	-, 	
0	Principal occu Professional		9	RG Miller  DCCM	·)	
	Date 09/18/2024	Full name of contributor [ Gerratt, Donald Contributor address; City; Sta		)		Amount of Contribution (\$) \$10,000.00
	Principal occu	Pation / Job title (See Instructions)		Employer (See Instructions	 s)	
	Disaster Rec			DSW		
	Date 11/23/2024	Full name of contributor [ Gibbs, Graham Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$) \$50.00
	Principal occu	Bentonville, AR 72712 pation / Job title (See Instructions)		Employer (See Instructions	;) 	
	President	patient, cos tiae (coe metacació)		Five Talents Faithful	-,	
	Date 12/03/2024	Full name of contributor Gipson, T. Beck Contributor address; City; Stat Kerrville, TX 78028	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$) \$100.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Gipson Real Estate Ser		es, LLC
	Date 11/04/2024	Full name of contributor Gordon, William Contributor address; City; Star Houston, TX 77063	out-of-state PAC (ID#:		•	Amount of Contribution (\$) \$150.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)	
			<u>,                                     </u>			

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 22/60 Rpt: 25/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honoral	ole)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 12/03/2024	5 Full name of contributor Graham, Charles (Dr.)	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Elgin, TX 78621 pation / Job title (See Instructions	s)	9	Employer (See Instructions	 		
	retired				retired			
	Date 12/14/2024	Full name of contributor Granger, Tom Contributor address; City; S			)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78703						
	Principal occu CPA	pation / Job title (See Instructions	5)		Employer (See Instructions Wagner, Eubank & Nich		;	
	Date 10/08/2024	Full name of contributor Gray, Raymond Keith Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$500.00
		Santa Fe, TX 77510				L		
	retired	pation / Job title (See Instructions	s)		Employer (See Instructions retired	5)		
	Date 10/08/2024	Full name of contributor Gregg-Hirsch, Rhonda Contributor address; City; S Galveston, TX 77554				•	Amount of Contribution (\$)	\$750.00
	Principal occu Operations N	pation / Job title (See Instructions Manager	5)		Employer (See Instructions USACE	5)		
	Date 12/14/2024	Full name of contributor Gregg-Hirsch, Rhonda Contributor address; City; S Galveston, TX 77554	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$250.00
	Principal occu Operations N	pation / Job title (See Instructions Manager	5)		Employer (See Instructions USACE	5)		
			-					

	MONET	ARY POLITICAL C		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 23/60 Rpt: 26/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorab	le)		3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 12/13/2024	<ul><li>5 Full name of contributor Gregory, Bob</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code	)	7	Amount of Contribution (\$)	\$2,500.00
_		Austin, TX 78746		5 1 (0 1 1 1			
8	CEO	pation / Job title (See Instructions	) 9	Employer (See Instructions Texas Disposable Syste		5	
	Date 12/14/2024	Full name of contributor Griffith, Ray Contributor address; City; St				Amount of Contribution (\$)	\$200.00
	Principal occu	Keller, TX 76248 pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u>		
	retired			retired			
	Date 12/03/2024	Full name of contributor Groover, Nancy Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Waco, TX 76708					
	Principal occuretired	pation / Job title (See Instructions	)	Employer (See Instructions retired	<u> </u>		
	Date 08/02/2024	Full name of contributor Guenther, Jack Contributor address; City; St San Antonio, TX 78209	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions	)	Employer (See Instructions JG Auto Group	)		
	Date 12/14/2024	Full name of contributor Guenther, Jack Contributor address; City; St San Antonio, TX 78209	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions		Employer (See Instructions JG Auto Group	)		
			1				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 24/60 Rpt: 27/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 12/03/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Galveston, TX 77550 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)		
	Owner			Katie's Seafood			
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_ Guitar, Phil Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5,000.00
		Abilene, TX 79605					
	Principal occu Rancher	pation / Job title (See Instructions)		Employer (See Instructions Guitar Ranches	5)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Gulf States Toyota Inc. State PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00
		Houston, TX 77077					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ HDR, Inc. Employee Owners PAC Contributor address; City; State; Zip Code Omaha, NE 68106		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ HS Law PAC Contributor address; City; State; Zip Code  Austin, TX 78701				Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		

	MONET	ARY POLITICAL C		SCHEDULE A			
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 25/60 Rpt: 28/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorab	le)		3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 12/14/2024	<ul><li>5 Full name of contributor Hall, B.F.</li><li>6 Contributor address; City; States</li></ul>	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$200.00
_	5	The Woodlands, TX 77380		5 1 (0 1 1 1	Ĺ		
8	retired	pation / Job title (See Instructions	)  9	Employer (See Instructions retired	S) 		
	Date 11/04/2024	Full name of contributor Hamilton, David Contributor address; City; Sta		)	•	Amount of Contribution (\$)	\$1,400.00
	Principal occu	Houston, TX 77024 pation / Job title (See Instructions)		Employer (See Instructions	3)		
	Professional		,	Binkley & Barfield, Inc.	-,		
	Date 12/03/2024	Full name of contributor Hancock, James Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Stafford, TX 77477					
	Principal occu retired	pation / Job title (See Instructions)	)	Employer (See Instructions retired	5)		
	Date 11/04/2024	Full name of contributor Hardaway, David Contributor address; City; Sta Abilene , TX 79601		)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Principal	pation / Job title (See Instructions)	)	Employer (See Instructions David Jones Hardaway		restments LLC	
	Date 09/24/2024	Full name of contributor Harlin, Timothy Contributor address; City; Sta			•	Amount of Contribution (\$)	\$500.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u> S)		
			,				

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1				
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 26/60 Rpt: 29/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 12/03/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$3,000.00
_	Delicalizado a	Arlington, TX 76016	la.	Faralassa (Osas kastasatis as	<u></u>		
8	Finanical Se	pation / Job title (See Instructions) rvices	9	Employer (See Instructions L&M Service Group	5)		
	Date 11/04/2024	Full name of contributor		)		Amount of Contribution (\$)	\$150.00
	Principal occu	Georgetown, TX 78628 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Engineer			BGE Inc.			
	Date 10/08/2024	Full name of contributor out-of-state PAC Hayley, Jason  Contributor address; City; State; Zip Code	(ID#:	)		Amount of Contribution (\$)	\$100.00
		League City, TX 77573					
	Principal occu Supervisor	pation / Job title (See Instructions)		Employer (See Instructions Texas City Terminal Rai	•	ay	
	Date 12/14/2024	Full name of contributor out-of-state PAC Heath, Brian Contributor address; City; State; Zip Code Fredericksburg, TX 78624		)		Amount of Contribution (\$)	\$1,500.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Grape Creek Vineyards	5)		
	Date 12/14/2024	Full name of contributor out-of-state PAC Heavin, H. Gary Contributor address; City; State; Zip Code Gatesville, TX 76528		)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Founder	pation / Job title (See Instructions)		Employer (See Instructions Curves International	5)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 27/60 Rpt: 30/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 11/17/2024	<ul> <li>Full name of contributor  out-of-star Hees, Catherine</li> <li>Contributor address; City; State; Zip Cod</li> </ul>		)	7	Amount of Contribution (\$)	\$50.00
•	Dringing conu	Fort Worth, TX 76107	lo.	Employer (See Instructions			
8	retired	pation / Job title (See Instructions)		Employer (See Instructions retired	)		
	Date 09/22/2024	Heinen, Barbara  Contributor address; City; State; Zip Cod	ate PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	Fredericksburg, TX 78624 pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 12/03/2024	Full name of contributor out-of-sta  Heyden, Donald  Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$75.00
	Deinstead	Irving, TX 75061		Faralassa (Caralassa taratica)	Ĺ		
	Owner	pation / Job title (See Instructions)		Employer (See Instructions  Donald Heyden Enterpri		6	
	Date 08/29/2024	Hill, Kimberly				Amount of Contribution (\$)	\$500.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Park Board of Trustees		he City of Galveston	
	Date 11/04/2024	Full name of contributor out-of-star Hillco PAC Contributor address; City; State; Zip Cod Austin, TX 78701	ate PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			•				

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 28/60 Rpt: 31/126		
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorab	le)			3	Filer ID (Ethics Commission 00069001	on Filers)	
4	Date 12/13/2024	<ul><li>5 Full name of contributor Hiller, Jay</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$250.00	
_	Detectional	League City, TX 77573	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_	Facilities (Control to the street)				
8		pation / Job title (See Instructions onsulting Services	)	9	Employer (See Instructions CGI	5)			
	Date 12/03/2024	Full name of contributor Hoffman, Courtney Contributor address; City; St			)		Amount of Contribution (\$)	\$50.00	
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions	)		Employer (See Instructions	 s)			
	retired				retired				
	Date 11/17/2024	Full name of contributor Holmes, Ned Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00	
		Houston, TX 77007							
	Principal occu Chairman &	pation / Job title (See Instructions CEO	)		Employer (See Instructions Ned S. Holmes Investm	,	s, Inc.		
	Date 12/14/2024	Full name of contributor HomePAC of Texas Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions	)		Employer (See Instructions	5)			
	Date 11/04/2024	Full name of contributor Houston Pilots Political Ad Contributor address; City; St  Deer Park, TX 77536					Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions			Employer (See Instructions	5)			
			L						

	MONET	ARY POLITICAL C	SCHEDULE A				
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 29/60 Rpt: 32/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable	e)		3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 11/19/2024	5 Full name of contributor [ Howard, Ruth	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$100.00
_		Austin, TX 78747	1-				
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 09/28/2024	Full name of contributor  Huntoon, George  Contributor address; City; Sta				Amount of Contribution (\$)	\$125.00
	Principal occu	Katy, TX 77450 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Real Estate	Broker		EXP Realty LLC			
	Date 12/14/2024	Full name of contributor [ Hussey, Kathy Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Llano, TX 78643					
	•	pation / Job title (See Instructions) Development & Investing		Employer (See Instructions Self employed	s)		
	Date 11/04/2024	Full name of contributor [IDS Engineering Group PA Contributor address; City; Sta Houston, TX 77040				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/03/2024	Full name of contributor Ingraham, Rick Contributor address; City; Sta Austin, TX 78746	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions RRI LLC	5)		
			<u>,                                     </u>				

	MONET	ARY POLITICAL CO		SCHEDUI	ILE <b>A1</b>		
	The Instru	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 30/60 Rpt: 33/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 12/14/2024	<ul><li>5 Full name of contributor Inman, Bobby</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	l q	Employer (See Instructions	<u> </u>		
_	Professor	pation 7 300 title (See Instituctions)		UT Austin			
	Date 12/03/2024	Jakubas, Robert  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	San Leon, TX 77539 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Owner	,		TopWater Grill			
	Date 12/14/2024	Full name of contributor  Jakubas, Walter J  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
		San Leon, TX 77539					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	)		
	Date 12/03/2024	Janes, June	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	)		
	Date 12/14/2024	Full name of contributor  Jastrow, Kenneth  Contributor address; City; State;  Round Mountain, TX 78663	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
			•				

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instru	ction Guide explains hov	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 31/60 Rpt: 34/126		
2	FILER NAME Buckingham	M.D., Dawn C. (The Honoral	ole)			3	Filer ID (Ethics Commission 00069001	on Filers)	
4	Date 12/13/2024	<ul><li>5 Full name of contributor Jennings, Steve</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$100.00	
_		Austin, TX 78759							
8	Principal occu CEO	pation / Job title (See Instructions	9		Employer (See Instructions Ears & Hearing	5)			
	Date 09/30/2024	Full name of contributor Jneid, Hani Contributor address; City; S			)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Houston, TX 77030 pation / Job title (See Instructions			Employer (See Instructions	_			
	Physician Physician	pation / Job title (See Instructions	5)		UT	')			
	Date 12/14/2024	Full name of contributor Johnson, Cliff  Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code		)		Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78701							
	Principal occu Consultant	pation / Job title (See Instructions	(5)		Employer (See Instructions Capitol Access Partners				
	Date 11/15/2024	Full name of contributor Jones, Alfred Lester  Contributor address; City; S  Magnolia, TX 77345	out-of-state PAC (ID#:tate; Zip Code				Amount of Contribution (\$)	\$2,500.00	
	Principal occu retired	pation / Job title (See Instructions	s)		Employer (See Instructions retired	)			
	Date 11/04/2024	Full name of contributor Jones, Jon Rex Contributor address; City; S Albany, TX 76430	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu retired	pation / Job title (See Instructions	5)		Employer (See Instructions retired	5)			

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 32/60 Rpt: 35/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 11/04/2024	<ul> <li>Full name of contributor  out-of-state PAC (II Katopody, Thomas</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Dallas, TX 75243 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>;)</u>		
	Manager			Katopody LLC	-,		
	Date 11/27/2024	Full name of contributor out-of-state PAC (II Kercheville M.D., Scott  Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78215					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		
	Date 12/14/2024	Full name of contributor	D#:	)		Amount of Contribution (\$)	\$2,500.00
		Eagle Pass, TX 78852					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (II Kimball III, Walker Contributor address; City; State; Zip Code Bellaire, TX 77401				Amount of Contribution (\$)	\$1,000.00
	Principal occu Senior Vice I	pation / Job title (See Instructions) President		Employer (See Instructions Bechtel	5)		
	Date 11/04/2024	Full name of contributor out-of-state PAC (II Kimmey, Anthony  Contributor address; City; State; Zip Code  Flower Mound, TX 75022	D#:			Amount of Contribution (\$)	\$500.00
	Principal occu Professional	pation / Job title (See Instructions)		Employer (See Instructions  LJA Engineering, Inc	5)		
	TOTCOSTOTIAL	Linginicoi		LOA LIIGINGEIIIIG, IIIC			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/60 Rpt: 36/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)		3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 11/04/2024			7	Amount of Contribution (\$)	\$5,000.00
_	<u> </u>	Tomball, TX 77375		_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions PPG Global LLC	5)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Kirchhoff, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Temple, TX 76502  upation / Job title (See Instructions)	Employer (See Instructions	  -  s)		
	Management Control Officer USDA Rural Developm			ent		
	Date 11/29/2024	Full name of contributor out-of-state PAC (ID#:_ Kitts, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		New Braunfels, TX 78132				
	Principal occu Software En	pation / Job title (See Instructions) gineer	Employer (See Instructions Microsoft	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_Kolber, Jeriann  Contributor address; City; State; Zip Code  Georgetown, TX 78626			Amount of Contribution (\$)	\$100.00
	Principal occuretired	pation / Job title (See Instructions)	Employer (See Instructions retired	5)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Kordelski, Steve Contributor address; City; State; Zip Code Stafford, TX 77477			Amount of Contribution (\$)	\$100.00
	Principal occuretired	pation / Job title (See Instructions)	Employer (See Instructions retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/60 Rpt: 37/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)		3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 12/14/2024	5 Full name of contributor out-of-state PAC (ID#:_ Korkmas, George  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00
		Alvin, TX 77551				
8	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_ Koza, John  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Galveston, TX 77551  pation / Job title (See Instructions)	Employer (See Instructions			
	retired	pation / sob title (see instructions)	retired	,		
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_ Kubala, David Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$800.00
		Houston, TX 77077	_			
	Principal occu VP Water Inf	pation / Job title (See Instructions) frastructure	Employer (See Instructions RG Miller  DCCM	)		
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_LANPAC  Contributor address; City; State; Zip Code  Houston, TX 77042			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_ Laham, Youssef Contributor address; City; State; Zip Code Katy, TX 77494			Amount of Contribution (\$)	\$1,400.00
	Principal occu Professional	pation / Job title (See Instructions) Engineer	Employer (See Instructions Binkley & Barfield, Inc.	)		

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 35/60 Rpt: 38/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorab	le)		3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 09/20/2024	<ul><li>5 Full name of contributor Langston, Don</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Houston, TX 77006 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
	Owner	panon / cos ano (cos monacano)		AIS	,,		
	Date 10/08/2024	Full name of contributor Leal, Roland Contributor address; City; Sta		)		Amount of Contribution (\$)	\$500.00
		Georgetown, TX 78628					
	Principal occu Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions Roland Leal Consulting	s)		
	Date 08/27/2024	Full name of contributor Ledbetter, Stan Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2,500.00
	Drincinal occu	Dickinson, TX 77539 pation / Job title (See Instructions)		Employer (See Instructions	·,		
	Disaster Res	,		SLS Co	)		
	Date 08/23/2024	Full name of contributor Light, Carrie Contributor address; City; Sta		)		Amount of Contribution (\$)	\$25.00
	Principal occu Customer Se	pation / Job title (See Instructions) ervice Agent		Employer (See Instructions Rollo Insurance	<u>.                                    </u>		
	Date 10/16/2024	Full name of contributor Lipscomb, Charles Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Insurance Br	pation / Job title (See Instructions oker		Employer (See Instructions Lipscomb Insurance Gro		)	
			-				

	MONET	ARY POLITICAL CONTRIBU	TION	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 36/60 Rpt: 39/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 11/04/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/12/2024	Full name of contributor		)		Amount of Contribution (\$)	\$1,000.00
		Abilene, TX 79602-2347			Ĺ		
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Big Country Title	5)		
	Date 11/04/2024	Full name of contributor	(ID#:	)		Amount of Contribution (\$)	\$125.00
		Lafayette, LA 70503					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/14/2024	Full name of contributor out-of-state PAC Martine, Tom Contributor address; City; State; Zip Code  Cypress Mill, TX 78663		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Martine Properties Inc.	<u>.                                    </u>		
	Date 09/18/2024	Full name of contributor out-of-state PAC Masel, Brian Contributor address; City; State; Zip Code Galveston, TX 77554				Amount of Contribution (\$)	\$125.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UTMB	 s)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rn	m.	1	Total pages Schedule A1: Sch: 37/60 Rpt: 40/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorab	le)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 10/08/2024	<ul><li>5 Full name of contributor Mataro, Steven</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$1,000.00
		Friendswood, TX 77546						
8		pation / Job title (See Instructions P of Operations	)	9	Employer (See Instructions GrantWorks	5)		
	Date 09/16/2024	Full name of contributor  McKinnon, Brian  Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		)	•	Amount of Contribution (\$)	\$250.00
	Principal occu	Galveston, TX 77550 pation / Job title (See Instructions	)		Employer (See Instructions	 s)		
	Physician				University of Texas Med	dica	ll Branch	
	Date 12/03/2024	Full name of contributor McKinnon, Brian Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00
		Galveston, TX 77550						
	Principal occu Physician	pation / Job title (See Instructions			Employer (See Instructions University of Texas Med		ıl Branch	
	Date 11/04/2024	Full name of contributor McKnight, Catherine Contributor address; City; St Dallas, TX 75209	out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$125.00
	Principal occu General Cou	pation / Job title (See Instructions Insel			Employer (See Instructions Access Healthcare	s)		
	Date 12/03/2024	Full name of contributor McMillen Jr., John Contributor address; City; St Rosanky, TX 78953	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$80.00
	Principal occu retired	pation / Job title (See Instructions			Employer (See Instructions retired	5)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	Ν	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 38/60 Rpt: 41/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorab	le)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 11/21/2024	<ul><li>5 Full name of contributor McNabb, Kay Lynn</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$100.00
8	Dringinal occu	Dripping Springs, TX 7862 pation / Job title (See Instructions	<del>-</del>	<u> </u>	Employer (See Instructions	-/- 		
<u> </u>	retired	pation / Job title (See Instructions	)	9	retired	·)		
	Date 11/27/2024	Full name of contributor McReaken, Douglas Contributor address; City; St	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Pearland, TX 77581 pation / Job title (See Instructions	)		Employer (See Instructions	<u> </u> s)		
	Owner	`	,		McReaken Enterprises,		:.	
	Date 10/08/2024	Full name of contributor McReaken, Frederick Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		)	•	Amount of Contribution (\$)	\$250.00
		Manvel, TX 77578						
	Principal occu retired	pation / Job title (See Instructions	)		Employer (See Instructions retired	5)		
	Date 12/03/2024	Full name of contributor Mebane, William Contributor address; City; St Austin, TX 78746					Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions	)		Employer (See Instructions Self Employed	s)		
	Date 09/18/2024	Full name of contributor Mehos, Manny Contributor address; City; St Houston, TX 77019	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu CEO	pation / Job title (See Instructions	)		Employer (See Instructions Green East	s)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 39/60 Rpt: 42/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honoral	ıle)			3	Filer ID (Ethics Commission Filers) 00069001	
4	Date 09/20/2024	<ul><li>5 Full name of contributor Mello, Cheryl</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code			7	Amount of Contribution (\$) \$250	.00
•	Dringing Loon	Galveston, TX 77554	<u>, Т</u>	_	Employer (Con Instructions	<u></u>		
8	retired	pation / Job title (See Instructions		э 	Employer (See Instructions retired	·)		
	Date 09/20/2024	Full name of contributor Michaels, Harvey  Contributor address; City; S				•	Amount of Contribution (\$) \$250	.00
	Principal occu	Houston, TX 77005 pation / Job title (See Instructions	s) I		Employer (See Instructions	<u> </u>		
	retired	panony cos ano (coo monacaona	,		retired	-,		
	Date 11/04/2024	Full name of contributor Middleton, Lee Sam Contributor address; City; S	out-of-state PAC (ID#:	••••	)		Amount of Contribution (\$) \$10,000	.00
		Lubbock, TX 79424						
	Principal occu Land Broker	pation / Job title (See Instructions	i) 		Employer (See Instructions Self Employed	s) 		
	Date 11/04/2024	Full name of contributor Miller, Jack Contributor address; City; S Houston, TX 77077	out-of-state PAC (ID#:		)		Amount of Contribution (\$) \$1,200	.00
	Principal occu CEO	pation / Job title (See Instructions	)		Employer (See Instructions RG Miller Engineers	5)		
	Date 11/04/2024	Full name of contributor Mitchell, Malone Contributor address; City; S Dallas, TX 75225	out-of-state PAC (ID#:_		)		Amount of Contribution (\$) \$2,500	.00
	Principal occu Chairman	pation / Job title (See Instructions	)		Employer (See Instructions The Mitchell Group	s)		
			,					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 40/60 Rpt: 43/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)		3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 10/18/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75225				
8	Principal occu Partner	pation / Job title (See Instructions)	9 Employer (See Instructions Longfellow Energy	5)		
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Moeller, Tyson  Contributor address; City; State; Zip Code  Houston, TX 77007	)		Amount of Contribution (\$)	\$100.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Texas City Port & Termi	•	Company	
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_Mohn, Jerry  Contributor address; City; State; Zip Code  Galveston, TX 77554	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	5)		
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_ Moore, Hillary  Contributor address; City; State; Zip Code  Abilene, TX 79605			Amount of Contribution (\$)	\$1,000.00
	Principal occu Principal	pation / Job title (See Instructions)	Employer (See Instructions Connell-Cowden Manag		ent LLC	

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 41/60 Rpt: 44/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)		3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 12/05/2024	5 Full name of contributor out-of-state PAC (ID#:_ Moore, Tim  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$5,000.00
		Plano, TX 75093				
8	Principal occu Real Estate	pation / Job title (See Instructions)	9 Employer (See Instructions McKinney Fund	)		
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_Mury, Amanda Hogue  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Cypress, TX 77429 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Engineer	, , ,	DCCM			
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#: Naiser, Derek Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Boerne, TX 78006				
	Principal occu Professional	pation / Job title (See Instructions) Engineer	Employer (See Instructions Ardurra Group, LLC	)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ O'Day, Connie  Contributor address; City; State; Zip Code  Pearland, TX 77581			Amount of Contribution (\$)	\$2,500.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Parker, Owen Contributor address; City; State; Zip Code Fredericksburg, TX 78624	)		Amount of Contribution (\$)	\$200.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Hill Country Memorial H		oital	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 42/60 Rpt: 45/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)		3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 11/04/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Parkhill PAC</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$500.00
0	Dringing oggu	Lubbock, TX 79423	Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_ Patrick, Colin Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
	Dringing! goog	Colleyville, TX 76034	Employer (Co.) Instructions			
	CPA	pation / Job title (See Instructions)	Employer (See Instructions) Self Employed	)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Patterson, Dan Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75214				
	Principal occu Principal	pation / Job title (See Instructions)	Employer (See Instructions) Pattersonthoma	)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_ Patterson, Dan  Contributor address; City; State; Zip Code  Dallas, TX 75214	)		Amount of Contribution (\$)	\$4,000.00
	Principal occu Principal	pation / Job title (See Instructions)	Employer (See Instructions Pattersonthoma	)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Perez, Nolan Contributor address; City; State; Zip Code  Harlingen, TX 78550	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Gastroentero	pation / Job title (See Instructions) plogist	Employer (See Instructions Harlingen Medical Cente			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 43/60 Rpt: 46/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission 00069001	n Filers)
4	Date 12/14/2024	<ul><li>5 Full name of contributor Perot Jr., Ross</li><li>6 Contributor address; City; State;</li></ul>			7	Amount of Contribution (\$) \$2	100,000.00
_		Dallas, TX 75219					
8	Principal occu Chairman	pation / Job title (See Instructions)		Employer (See Instructions The Perot Group	)		
	Date 10/08/2024	Full name of contributor Peterson, Barry  Contributor address; City; State;				Amount of Contribution (\$)	\$125.00
	Principal occu	Pearland, TX 77581 pation / Job title (See Instructions)		Employer (See Instructions	)		
	retired	paner, ees ane (ees mendeners)		retired	,		
	Date 11/17/2024	Full name of contributor Pinsky, Jeff Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
		League City, TX 77573	1				
	Principal occu Ecologist	pation / Job title (See Instructions)		Employer (See Instructions CV Carbon LLC	)		
	Date 11/04/2024	Full name of contributor Poinsett PLLC Contributor address; City; State; Austin, TX 78701	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 11/04/2024	Political Action Committee of		rance Agents of Texas		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 44/60 Rpt: 47/126
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069001
4	Date 12/03/2024	5 Full name of contributor out Pope, David	o Code	)	7	Amount of Contribution (\$) \$100.00
_	<u> </u>	Horseshoe Bay, TX 78654			<u></u>	
8	Principal occu Deacon	pation / Job title (See Instructions)	9	Employer (See Instructions The Bible Church of the		kes
	Date 12/14/2024	Full name of contributor out Porter, Michael Contributor address; City; State; Zip	o Code			Amount of Contribution (\$) \$100,000.00
	Principal occu	Doss, TX 78618 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>	
	Owner	, , , , , , , , , , , , , , , , , , , ,		Cross Creek Ranch	,	
	Date 11/21/2024	Full name of contributor out Portie, Mackenzie  Contributor address; City; State; Zig	r-of-state PAC (ID#:	)		Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)	
	retired	, , , , , , , , , , , , , , , , , , , ,		retired	,	
	Date 11/04/2024	Pugh, Wendell		)		Amount of Contribution (\$) \$1,000.00
	Principal occu Field Repres	pation / Job title (See Instructions) sentative		Employer (See Instructions State of Texas	5)	
	Date 12/03/2024	Full name of contributor out Putnam, Terry  Contributor address; City; State; Zip  Georgetown, TX 78633	o Code	)		Amount of Contribution (\$) \$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)	
			•			

	MONET	ARY POLITICAL (	CONTRIBUTION	N:	5		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm	ı.	1	Total pages Schedule A1: Sch: 45/60 Rpt: 48/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honoral	ole)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 12/03/2024	<ul><li>5 Full name of contributor Ragsdale, Kathy</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$150.00
8	Principal occu	Hunt, TX 78024 pation / Job title (See Instructions	s) 9	<b>)</b>	Employer (See Instructions	<u> </u>		
	Owner			(	Camp Stewart			
	Date 11/04/2024	Full name of contributor Reddish, Harold Contributor address; City; S					Amount of Contribution (\$)	\$2,000.00
		Sugar Land, TX 77479						
	Principal occu COO	pation / Job title (See Instructions	5)		Employer (See Instructions DCCM	5)		
	Date 09/10/2024	Full name of contributor Reed, Rachel Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00
	Dringing con	Austin, TX 78722 pation / Job title (See Instructions			Employer (See Instructions			
	Executive Di	•	5)		Employer (See Instructions Texas Ophthalmologica	′	ssociation	
	Date 09/20/2024	Full name of contributor Reinhart, Austin Contributor address; City; S Galveston, TX 77554	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Realtor	pation / Job title (See Instructions	5)		Employer (See Instructions Beachside Realty Comp		у	
	Date 09/20/2024	Full name of contributor Reinhart, Debbie Contributor address; City; S Galveston, TX 77552	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00
	Principal occu Owner	pation / Job title (See Instructions	5)		Employer (See Instructions Beachside Realty Comp		V	
					. ,		-	

	MONET	ARY POLITICAL (	CONTRIBUTION	S		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how	ı to complete this forı	n.	1	Total pages Schedule A1: Sch: 46/60 Rpt: 49/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorab	ole)		3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 11/04/2024	<ul><li>5 Full name of contributor Rios, Daniel</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
8	Principal occu	McAllen, TX 78504 pation / Job title (See Instructions		Employer (See Instructions	·,		
0	President President	pation / Job title (See Instructions	9	RRP Consulting Engine		, LLC	
	Date 09/26/2024	Full name of contributor Robb, Chris Contributor address; City; St		)		Amount of Contribution (\$)	\$2,500.00
	Delicalization	Galveston, TX 77554		Frankrije (Ozaka tradica)			
	CFO	pation / Job title (See Instructions	(i)	Employer (See Instructions Sullivan Brothers Family		Companies	
	Date 11/05/2024	Full name of contributor Robertson, Melinda Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		New Braunfels, TX 78132					
	Principal occu Housewife	pation / Job title (See Instructions	s) 	Employer (See Instructions Self Employed	5)		
	Date 12/13/2024	Full name of contributor Robison, Douglass  Contributor address; City; St  Abilene, TX 79605	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu CEO	pation / Job title (See Instructions	5)	Employer (See Instructions Natura Resources	5)		
	Date 11/04/2024	Full name of contributor Ron Lewis & Associates F Contributor address; City; St Austin, TX 78701		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	(5)	Employer (See Instructions	<b>s</b> )		
			<b>.</b>				

	MONET	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDULE A1
	The Instruc	ction Guide explains how	v to complete this for	rm.	1	Total pages Schedule A1: Sch: 47/60 Rpt: 50/126
2	FILER NAME Buckingham	M.D., Dawn C. (The Honoral	ole)		3	Filer ID (Ethics Commission Filers) 00069001
4	Date 11/04/2024	<ul><li>5 Full name of contributor Roshanfekr, Ali</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:tate; Zip Code		7	Amount of Contribution (\$) \$1,000.00
_	Deinainal assu	Houston, TX 77077		Franks var (Caa kastu atian	<u></u>	
8	Civil Enginee	pation / Job title (See Instructions er	9	Employer (See Instructions Cascade Civil Services		С
	Date 11/04/2024	Full name of contributor Ruhl, Terry Contributor address; City; S		)		Amount of Contribution (\$) \$500.00
	Discipalization	Fort Collins, CO 80528		Fundament (Construction	<u> </u>	
	Chairman &	pation / Job title (See Instructions CEO	5)	Employer (See Instructions Lochner	5)	
	Date 11/04/2024	Full name of contributor SRR Ranches LLC Contributor address; City; S	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$) \$10,000.00
		Galveston, TX 77552				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)	
	Date 11/04/2024	Full name of contributor STV Infrastructure PAC Contributor address; City; S Dallas, TX 75235	out-of-state PAC (ID#:tate; Zip Code			Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)	
	Date 11/25/2024	Full name of contributor Saunders, Jakey Contributor address; City; S Arlington, TX 76012	out-of-state PAC (ID#:			Amount of Contribution (\$) \$500.00
	Principal occu Owner	pation / Job title (See Instructions	5)	Employer (See Instructions Lone Star Comics	5)	
			,			

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDULE A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 48/60 Rpt: 51/126
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorab	le)		3	Filer ID (Ethics Commission Filers) 00069001
4	Date 08/27/2024	<ul><li>5 Full name of contributor Schatte, Andrew</li><li>6 Contributor address; City; St.</li></ul>	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$) \$20,000.00
8	Dringinal occur	Houston, TX 77005 pation / Job title (See Instructions	) la	Employer (See Instructions	·/_	
0	Vice Preside		9	Stonehenge Holdings	·)	
	Date 12/03/2024	Full name of contributor Schattyn, John Contributor address; City; St				Amount of Contribution (\$) \$70.00
	Principal occur	Kerrville, TX 78028 pation / Job title (See Instructions		Employer (See Instructions	) 	
	retired	pation, cos tito (occ moracione	,	retired	,	
	Date 11/21/2024	Full name of contributor Schmidt, Peggy Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$) \$100.00
	Dringing aggr	Kerrville, TX 78028	<b>.</b>	Employer (See Instructions	·/-	
	retired	pation / Job title (See Instructions	)	Employer (See Instructions retired	•)	
	Date 11/04/2024	Full name of contributor Secrest, Leslie Contributor address; City; St. Dallas, TX 75219	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$) \$150.00
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions Texas Health Presbyteri		Hospital of Dallas
	Date 10/08/2024	Full name of contributor Sellers, John Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$) \$10,000.00
	Principal occu Co-Founder	pation / Job title (See Instructions	)	Employer (See Instructions  Double Eagle Holdings		LC

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE A1	
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 49/60 Rpt: 52/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069001	
4	Date 11/19/2024	<ul><li>5 Full name of contributor out Shea, Kevin</li><li>6 Contributor address; City; State; Zip</li></ul>			7	Amount of Contribution (\$) \$250.	.00
8	Principal occu	Carrollton, TX 75006 pation / Job title (See Instructions)	la la	Employer (See Instructions			
	Sales	pation / Job title (See Instituctions)		SFC	,		
	Date 12/03/2024	Full name of contributor our our Sheets, Kyle  Contributor address; City; State; Zip	t-of-state PAC (ID#:			Amount of Contribution (\$) \$1,000	.00
	Principal occu	Ovalo, TX 79562 pation / Job title (See Instructions)		Employer (See Instructions			
	Physician	pation / oob title (occ monactions)		Concord Medical Group		LLC	
	Date 12/14/2024	Full name of contributor our our Shine, William Contributor address; City; State; Zip	t-of-state PAC (ID#:	)		Amount of Contribution (\$) \$500.	.00
	Principal occu	Harker Heights, TX 76548 pation / Job title (See Instructions)		Employer (See Instructions	)		
	retired	patient, ees tale (ees metaletie)		retired	,		
	Date 11/04/2024	Full name of contributor our our Singh, Bobby  Contributor address; City; State; Zip Houston, TX 77041	t-of-state PAC (ID#: o Code			Amount of Contribution (\$) \$10,000	.00
	Principal occu Principal	pation / Job title (See Instructions)		Employer (See Instructions Isani Consultants	)		
	Date 12/03/2024	Full name of contributor our Sloan, Frank Contributor address; City; State; Zip Dallas, TX 75205	t-of-state PAC (ID#: p Code	)		Amount of Contribution (\$) \$500.	.00
	Principal occu Investment N	pation / Job title (See Instructions)		Employer (See Instructions Sloan Investment Management		ment LLC	

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDULE A1	
	The Instruc	ction Guide explains hov	v to complete this fo	rn	1.	1	Total pages Schedule A1: Sch: 50/60 Rpt: 53/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honoral	ole)			3	Filer ID (Ethics Commission Filers) 00069001	
4	Date 10/30/2024	<ul><li>5 Full name of contributor Smith, Allen</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$) \$2,500.	00
8	Principal occu	Austin, TX 78702 pation / Job title (See Instructions	<u> </u>	<u> </u>	Employer (See Instructions	.)		
0	retired	pation / Job title (See instructions	5)		retired	)		
	Date 12/14/2024	Full name of contributor Smith, Fran Contributor address; City; S			)		Amount of Contribution (\$) \$251.	00
	Principal occu	Elgin, TX 78621 pation / Job title (See Instructions	5)		Employer (See Instructions	<u>;</u> )		
	retired				retired			
	Date 12/03/2024	Full name of contributor Smith, Peggy Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$) \$100.	00
		Houston, TX 77046						
	Principal occu Director	pation / Job title (See Instructions	5)		Employer (See Instructions Foundation For Teen He		th	
	Date 11/04/2024	Full name of contributor Stai, Dian Graves  Contributor address; City; S  Abilene , TX 79601	out-of-state PAC (ID#:				Amount of Contribution (\$) \$25,000.	00
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	)		
	Date 12/05/2024	Full name of contributor Stedman, Stuart Contributor address; City; S Houston, TX 77019	out-of-state PAC (ID#:		)		Amount of Contribution (\$) \$25,000.	00
	Principal occu President	pation / Job title (See Instructions	5)		Employer (See Instructions Stedman West Interests		nc.	

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 51/60 Rpt: 54/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 12/14/2024	Stewart, Scott E	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Fort Worth, TX 76107 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Attorney	, , , , , , , , , , , , , , , , , , , ,		Scott Stewart, PLLC	,		
	Date 12/03/2024	Full name of contributor  Stonecipher Jr., Lowell  Contributor address; City; State;				Amount of Contribution (\$)	\$1,000.00
		Jackson, TN 38305					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)		
	Date 10/08/2024	Full name of contributor Sullivan, John L  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5,000.00
		Galveston, TX 77552	<u> </u>				
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions The Sullivan Companies		nc	
	Date 12/14/2024	Full name of contributor Swanson, William Contributor address; City; State; Houston, TX 77035	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)		
	Date 12/14/2024	Full name of contributor  Szalay, Barbara  Contributor address; City; State;  Austin, TX 78746	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	)		
			1				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 52/60 Rpt: 55/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorabl	e)		3	Filer ID (Ethics Commissi 00069001	on Filers)
4	Date 11/04/2024	Full name of contributor     Tameez, Mustafa     Contributor address; City; Sta	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$15,000.00
_	Duinning Langu	Houston, TX 77077	lo.	Franklauser (Coo lander setting			
8	CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Outreach Strategists LL			
	Date 12/07/2024	Full name of contributor Taylor, Catherine Contributor address; City; Sta				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Dallas, TX 75209 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Investor	,		Taylor Enterprises	,		
	Date 11/04/2024	Full name of contributor Taylor, James Wade  Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$125.00
		Houston, TX 77047					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)		
	Date 12/03/2024	Full name of contributor Telle, J. Thomas  Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 11/04/2024	Full name of contributor Tenaska Employees Texas Contributor address; City; Sta		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			1				

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 53/60 Rpt: 56/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 11/23/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$125.00
_	5	Waxahachie, TX 75165	_	5 1 (0 1 1 1	<u></u>		
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_ Teter, Rex Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
	Principal occu	Pasadena, TX 77503 pation / Job title (See Instructions)		Employer (See Instructions	=)		
	Minster	pation / 300 title (See Instructions)		Self	·)		
	Date 11/04/2024	Full name of contributor		)		Amount of Contribution (\$)	\$2,500.00
		Austin , TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Agricultural Cooperative Council Political Contributor address; City; State; Zip Code  Austin, TX 78701				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)		
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Apartment Assoc PAC Contributor address; City; State; Zip Code  Austin, TX 78701		)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 54/60 Rpt: 57/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)		3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 12/14/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$5,000.00
_		Austin, TX 78768				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Deer Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78216 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Forestry Assoc. PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Dringing oggu	Lufkin, TX 75902	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC  Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Sands PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$15,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 55/60 Rpt: 58/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorab	le)		3	Filer ID (Ethics Commission 00069001	ion Filers)
4	Date 11/04/2024	<ul><li>5 Full name of contributor Texas Society of Profession</li><li>6 Contributor address; City; St</li></ul>	-	)	7	Amount of Contribution (\$)	\$3,000.00
		Austin, TX 78746					
8	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	5)		
	Date 11/04/2024	Full name of contributor The Cigna Group Employe Contributor address; City; St				Amount of Contribution (\$)	\$1,500.00
	Principal occu	Philadelphia, PA 19192 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	) 		
	i inicipal occu	pation / too title (See motivations	,	Employer (See Matractions	')		
	Date 12/03/2024	Full name of contributor The Williams Companies, Contributor address; City; St				Amount of Contribution (\$)	\$2,500.00
		Tulsa, OK 74172-0140					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date 12/07/2024	Full name of contributor Thomas, Clifton  Contributor address; City; St  Victoria, TX 77902				Amount of Contribution (\$)	\$10,000.00
	Principal occu Owner/Foun	pation / Job title (See Instructions der		Employer (See Instructions Speedy Stop Food Store			
	Date 11/04/2024	Full name of contributor Thompson, James Contributor address; City; St Houston, TX 77056	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$10,000.00
	Principal occu Engineer	pation / Job title (See Instructions		Employer (See Instructions DCCM	5)		
			-				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDU	LE A1
	The Instru	ction Guide explains how to	complete this form	1.	1	Total pages Schedule A1: Sch: 56/60 Rpt: 59/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commissi 00069001	on Filers)
4	Date 11/04/2024	<ul><li>5 Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Houston, TX 77056 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Associate VF			DCCM			
	Date 12/03/2024	Full name of contributor Thurman, Glenn Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75209					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Glenn Thurman Inc.	)		
	Date 12/03/2024	Traylor, Joan  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Dringing con	Pearland, TX 77581		Employer (Coo Instructions			
	retired	pation / Job title (See Instructions)		Employer (See Instructions retired	)		
	Date 09/14/2024	Full name of contributor  Turner, James  Contributor address; City; State;  Spring, TX 77382	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$10,000.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions JWTC	)		
	Date 12/05/2024	Full name of contributor Turner, James Contributor address; City; State; Spring, TX 77382	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10,000.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions JWTC	)		
			<b>,</b>				

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 57/60 Rpt: 60/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission 00069001	n Filers)
4	Date 11/04/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$350.00
8	Principal occu	Houston, TX 77019 pation / Job title (See Instructions)	la.	Employer (See Instructions	·,		
	CEo	pation 7 300 title (See Instituctions)		Chilton Capital Manage		nt, LLC	
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID Varhaug, Elizabeth  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$250.00
		Dallas, TX 75238			<u></u>		
	Principal occu Artist	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID Vicente, Bob  Contributor address; City; State; Zip Code	#:	)		Amount of Contribution (\$)	\$250.00
		Dallas, TX 75219					
	Principal occu CIO	pation / Job title (See Instructions)		Employer (See Instructions Hillwood	5)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID Villarreal, Gian Contributor address; City; State; Zip Code  New Braunfels, TX 78130		)		Amount of Contribution (\$)	\$250.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Seagull PME	5)		
	Date 10/12/2024	Full name of contributor out-of-state PAC (ID Villarreal, Gian Contributor address; City; State; Zip Code  New Braunfels, TX 78130		)		Amount of Contribution (\$)	\$750.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Seagull PME	s)		
			•				

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 58/60 Rpt: 61/126	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)	3	Filer ID (Ethics Commission 00069001	on Filers)		
4	Date 11/04/2024	<ul> <li>Full name of contributor  out-out-out-out-out-out-out-out-out-out-</li></ul>			7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Abilene, TX 79605 pation / Job title (See Instructions)	l <sub>9</sub>	Employer (See Instructions	(;		
•	Investor			Self	,		
	Date 08/15/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-		)		Amount of Contribution (\$)	\$10,000.00
	D: : 1	Addison, TX 75001			_		
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Steelcreek Managemen			
	Date 11/04/2024	Webb, Wayne  Contributor address; City; State; Zip	of-state PAC (ID#: Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Houston, TX 77059 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
		ce President		Stellar Bank			
	Date 12/14/2024	Wilkins, Doug	of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Stolle & Wilkins, LLP	)		
	Date 09/08/2024	Wilson, Cary	of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	()		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 59/60 Rpt: 62/126
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00069001
4	Date 12/03/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Wilson, Rowland</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$) \$50.00
		Bedford, TX 76021			
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions retired	5)	
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Wood, John Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$20.00
	Principal occu	Blanco, TX 78606  pation / Job title (See Instructions)	Employer (See Instructions	;) 	
	retired	,	retired	,	
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Yacktman, Ellyn Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$20,000.00
		Austin, TX 78731			
	Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions Self	5)	
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_Younts, Richard  Contributor address; City; State; Zip Code  Georgetown, TX 78633			Amount of Contribution (\$) \$200.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	5)	
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:_Zahid, Anwar  Contributor address; City; State; Zip Code  Missouri City, TX 77459			Amount of Contribution (\$) \$1,000.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions infraTECH Engineers &		novators, LLC

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f		Total pages Schedule A1: Sch: 60/60 Rpt: 63/126		
2	FILER NAME Buckingham	n M.D., Dawn C. (The Honorable)		1	Filer ID (Ethics Commissio 00069001	n Filers)
4	Date 10/10/2024	5 Full name of contributor out-of-state PAC (ID#: Zahid, Anwar  6 Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
8	Principal occu	Missouri City, TX 77459 upation / Job title (See Instructions)	9 Employer (See Instructions infraTECH Engineers &		ovators, LLC	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2:								
		Sch: 1/2 Rpt: 64/126								
2 FILER NAME		3 Filer ID (Ethics Commission Filers)								
	n M.D., Dawn C. (The Honorable)		00069001							
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$							
<b>5</b> Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution							
12/12/2024	Jackson, Forrest		contribution (\$) description \$32,146.00 Food for GLO Christmas							
	7 Contributor address; City; State; Zip Code		I Event							
			_							
	Canyon Lake, TX 78133	1	Check if travel outside of Texas. Complete Schedule							
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)							
	ice President	Cotton Logistics								
<b>12</b> Contributor's	principal occupation (FOR JUDICIAL)	<b>13</b> Contributor's job title	(FOR JUDICIAL) (See instructions)							
<b>14</b> Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)							
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of In-kind contribution							
10/28/2024	Jaffe, Jordan		contribution (\$) description \$15,134.96 Private air transport for							
	Contributor address; City; State; Zip Code		officeholder to and from							
			campaign event							
	Haraaahaa Bay TV 700F7									
Deireireleen	Horseshoe Bay, TX 78657	Franks and (FOR MON	Check if travel outside of Texas. Complete Schedule							
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	1 ' ' '	Employer (FOR NON-JUDICIAL) (See instructions)  Horseshoe Bay Resort							
Owner Contributor's	principal occupation (FOR JUDICIAL)		s job title (FOR JUDICIAL) (See instructions)							
Continuators	principal occupation (FOR JODICIAL)	Continuator's job title	(FOR JUDICIAL) (See instructions)							
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)							
Contributors	employemaw iiiii (i OK JODICIAL)	Law IIIII of Contribute	is spouse (ii arry) (i ort sobicine)							
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
ii contributor	is a clina, law little of parent(s) (if arry) (if cit sobletize)									
Dets	Full name of contributor		Amount of Indian contribution							
Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution contribution (\$) description							
12/12/2024	Slaughter, Johnny		\$32,146.00 Food for GLO Christmas							
	Contributor address; City; State; Zip Code		Event							
Houston, TX 77024										
Principal occu	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  Employer (FOR NON-JUDICIAL) (See instructions)									
President	,	Cotton Logistics	•							
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)							
	· · · · · · · · · · · · · · · · · · ·		•							
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)							
	•		,							
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 65/126 3 Filer ID (Ethics Commission Filers) FILER NAME Buckingham M.D., Dawn C. (The Honorable) 00069001 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 8 In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 09/23/2024 Sullivan, John R \$10,000.00 | Event space rental, food 7 Contributor address; City; State; Zip Code and beverage Galveston, TX 77552 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) Principal Sullivan Bros 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 10/10/2024 Thompson, James \$2,370.45 | Food, Beverage, Service Contributor address; City; State; Zip Code for Campaign Event Houston, TX 77056 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) Employer (FOR NON-JUDICIAL) Engineer Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### 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/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	•		/ages	/Contract Labor		OTHER (ent		egory not listed above)	
	ordan dara r aymoni			The Instruction C	Suide explains	how to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(E	Ethics Commission Filers	s)
	Sch: 1/24 Rpt: 66/126		Buckingham	M.D., Dawn (	C. (The Hono	orable)				0006900	1		
4	Date	5	Payee name										
	08/15/2024		Anedot										
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de						
	\$400.30		1340 Poydra	as Street									
			Ste 1770										
			New Orleans	s. LA 70112									
8	PURPOSE	$\vdash$					(h)	Description					
ľ	OF		Accounting/	e Categories listed at Ranking	the top of this sch	edule)	(5)	Check if travel	outsi	de of Texas. (	Complete	e Schedule T.	
	EXPENDITURE		/ tocourting/i	Bariking				Check if Austin,					
								Anedot fundra	aisi	ng user p	ercer	ntage fee.	
9	Complete ONLY if direct		andidate/Offic	eholder name	C	Office sou	ght			Office	e held		
	expenditure to benefit C/O	H											
	Date		Payee name										
	08/23/2024		Anedot										
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de						
	\$1.30		1340 Poydra	as Street									
			Ste 1770										
			New Orleans	s, LA 70112									
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Accounting/l	Banking				Check if travel of					
								Check if Austin,  Anedot fundra					
								Aneuot iunui	aisi	ng user p	Jercer	mage lee.	
	Complete ONLY if direct	C	andidate/Offic	ceholder name		Office sou	aht			Office	e held		
	expenditure to benefit C/O						•						
-	Date	l	Payee name										
	08/27/2024	ı	Anedot										
	Amount (\$)		Payee addres	ss; City;	State.	Zip Co	de						
	\$100.30	ı	1340 Poydra	-	State,	Zip Co	uc						
	Ψ100.00	l	Ste 1770	do Otroct									
		l		- 1 4 70110									
		┡	New Orlean										
	PURPOSE OF			e Categories listed at	the top of this sch	edule)	(b)	Description	outo:	de of Toyes (	Samulat	o Cabadula T	
	EXPENDITURE		Accounting/l	Banking				Check if travel of Check if Austin,					
								Anedot fundra					
										- '		-	
	Complete ONLY if direct	C	andidate/Offic	ceholder name	C	Office sou	ght			Office	e 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 Com

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: 2/24 Rpt: 67/126	Buckingham M.D., Dawn C. (The Honorable) 00069001
4	Date	5 Payee name
	08/29/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.60	1340 Poydras Street
		Ste 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LXFENDITORE	Check if Austin, TX, officeholder living expense
		Anedot fundraising user percentage fee.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	the state of the s
_	Date	Payee name
	09/08/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	1340 Poydras Street
	!	Ste 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	!	Check if Austin, TX, officeholder living expense  Anedot fundraising user percentage fee.
	!	Afficult furnituding user percentage ice.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	09/10/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$204.60	1340 Poydras Street
		Ste 1770
		New Orleans, LA 70112
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Anedot fundraising user percentage fee.
	l	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	H

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Conditions (Applied of Applied of Applied

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		gory not listed above)
1	Total pages Schedule F1:		hics Commission Filers)
Ĺ	Sch: 3/24 Rpt: 68/126	Buckingham M.D., Dawn C. (The Honorable)  00069001	11100 0011111110010111 111010)
4	Date	5 Payee name	
	09/12/2024	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.30	1340 Poydras Street	
		Ste 1770	
		New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete	
		Check if Austin, TX, officeholder living expe	
		, wieder landraising aser percent	age lee.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	09/14/2024	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.30	1340 Poydras Street	
		Ste 1770	
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete	
		Check if Austin, TX, officeholder living expe	
		, wieder landraising aser percent	age lee.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/16/2024	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.30	1340 Poydras Street	
		Ste 1770	
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete	
		Check if Austin, TX, officeholder living expe	
		Aneuot iunuraising user percent	lage lee.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

### 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: Sch: 4/24 Rpt: 69/126	2 FILER NAME Buckingham M.D., Dawn C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069001
4	Date 09/18/2024	5 Payee name Anedot
6	Amount (\$) \$656.50	7 Payee address; City; State; Zip Code 1340 Poydras Street Ste 1770 New Orleans, LA 70112
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Anedot fundraising user percentage fee.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date 09/20/2024	Payee name Anedot
	Amount (\$) \$151.80	Payee address; City; State; Zip Code  1340 Poydras Street  Ste 1770  New Orleans, LA 70112
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Anedot fundraising user percentage fee.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date 09/22/2024	Payee name Anedot
	Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras Street Ste 1770 New Orleans, LA 70112
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Anedot fundraising user percentage fee.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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	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: 5/24 Rpt: 70/126	Buckingham M.D., Dawn C. (The Honorable) 00069001
4	Date	5 Payee name
	09/24/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.60	1340 Poydras Street
		Ste 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Anedot fundraising user percentage fee.
		Aneuot fundraising user percentage fee.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	09/26/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.60	1340 Poydras Street
		Ste 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Anedot fundraising user percentage fee.
		Aneuot fundraising user percentage rec.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/28/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.30	1340 Poydras Street
		Ste 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Anedot fundraising user percentage fee.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica			ards/Memorials Exp Services		Printing Ex Salaries/W		e /Contract Labor		Travel Out of D OTHER (enter	istrict a category not list	ed above)
	Credit Card Payment		The I	nstruction Guide	e explains h	ow to co	mple	te this form.				
1	Total pages Schedule F1:	2 FII	LER NAME						3	Filer ID	(Ethics Com	mission Filers)
	Sch: 6/24 Rpt: 71/126	Bı	uckingham M.E	o., Dawn C. (1	Γhe Honor	rable)				00069001		
4	Date	<b>5</b> Pa	ayee name									
	09/30/2024	Ar	nedot									
6	Amount (\$)	<b>7</b> Pa	ayee address;	City;	State;	Zip Co	de					
	\$40.30	13	340 Poydras St	reet								
		St	te 1770									
		Ne	ew Orleans, LA	70112								
8	PURPOSE	(a) Ca	ategory (See Cate	gories listed at the to	op of this sched	dule)	(b)	Description				
	OF EXPENDITURE		ccounting/Bank					므			mplete Schedule T	
								Check if Austin, Anedot fundra				<b>1</b>
								Alledot lallare	اداي	ng user pe	reentage ree	••
9	Complete ONLY if direct	Car	ndidate/Officehol	der name	Of	ffice sou	aht			Office h	ald	
	expenditure to benefit C/O		ididate/Officerion	dei fiame	Oi	ilice sou	grit			Office i	leiu	
	Date	Pa	ayee name									
	10/04/2024	Ar	nedot									
	Amount (\$)	Pa	ayee address;	City;	State;	Zip Co	de					
	\$40.30	13	340 Poydras St	reet								
		St	te 1770									
		Ne	ew Orleans, LA	70112								
	PURPOSE	(a) Ca	ategory (See Cate	gories listed at the t	op of this sched	dule)	(b)	Description				
	OF EXPENDITURE	Ad	ccounting/Bank	ing				Check if travel of Check if Austin,			mplete Schedule T	
								Anedot fundra				<u>)</u> .
										g p.		
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officehol	der name	Of	ffice sou	ght			Office h	neld	
	experialitate to belieff of of											
	Date	1	ayee name									
	10/06/2024	Ar	nedot									
	Amount (\$)	Pa	ayee address;	City;	State;	Zip Co	de					
	\$10.30	13	340 Poydras St	reet								
		St	te 1770									
		Ne	ew Orleans, LA	70112								
	PURPOSE	(a) Ca	ategory (See Cate	gories listed at the t	op of this sched	dule)	(b)	Description				
	OF EXPENDITURE	Ad	ccounting/Bank	ing				ш			mplete Schedule T	
								Check if Austin, Anedot fundra				<b>1</b>
								ouot iunuit	ان.	4001 PC	. Joinago ioc	•
	Complete ONLY if direct	I Car	ndidate/Officehol	der name	Of	ffice soug	ght			Office h	neld	
	expenditure to benefit C/O			·-	0.		J				-	

### 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 cor	nple	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 7/24 Rpt: 72/126	Buckingham M.D., Dawn C. (The Honorable)		00069001
4	Date	5 Payee name		
	10/08/2024	Anedot		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$40.30	1340 Poydras Street		
		Ste 1770		
		New Orleans, LA 70112		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Anedot fundraising user percentage fee.
_				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	10/10/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$82.90	1340 Poydras Street		
		Ste 1770		
		New Orleans, LA 70112		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	o o		Check if Austin, TX, officeholder living expense
				Anedot fundraising user percentage fee.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office souç	gnt	Office held
	Date	Payee name		
	10/12/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$74.90	1340 Poydras Street		
		Ste 1770		
		New Orleans, LA 70112		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Accounting/Banking	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	3 3		Check if Austin, TX, officeholder living expense
				Anedot fundraising user percentage fee.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office souç	ght	Office held
	experiulture to beriefft C/O	1		

#### SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gill Committee Contributions (Contributions) Contribut

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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:	
	Sch: 8/24 Rpt: 73/126	Buckingham M.D., Dawn C. (The Honorable) 00069001
4	Date	5 Payee name
	10/16/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.60	1340 Poydras Street
		Ste 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Anedot fundraising user percentage fee.
		Aneuot fundraising user percentage lee.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	10/18/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	1340 Poydras Street
	Ψ+0.30	Ste 1770
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Anedot fundraising user percentage fee.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/22/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	1340 Poydras Street
	Ţ.0.00	Ste 1770
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Anedot fundraising user percentage fee.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 9/24 Rpt: 74/126		mmission Filers)
4	Date 10/24/2024	5 Payee name Anedot	
6	Amount (\$) \$40.30	7 Payee address; City; State; Zip Code 1340 Poydras Street Ste 1770 New Orleans, LA 70112	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule  Check if Austin, TX, officeholder living expense  Anedot fundraising user percentage for	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  OH	
	Date 10/30/2024	Payee name Anedot	
	Amount (\$) \$110.60	Payee address; City; State; Zip Code  1340 Poydras Street  Ste 1770  New Orleans, LA 70112	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Anedot fundraising user percentage for	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held DH	
	Date 11/15/2024	Payee name Anedot	
	Amount (\$) \$122.90	Payee address; City; State; Zip Code 1340 Poydras Street Ste 1770 New Orleans, LA 70112	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Anedot fundraising user percentage for	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held DH	

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodule F1:	
1	Total pages Schedule F1: Sch: 10/24 Rpt:	Buckingham M.D., Dawn C. (The Honorable)    3 Filer ID (Ethics Commission Filers)   00069001
4	Date	5 Payee name
	11/17/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$122.90	1340 Poydras Street
		Ste 1770
		New Orleans, LA 70112
8	PURPOSE	1
١	OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Anedot fundraising user percentage fee.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/19/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.90	1340 Poydras Street
		Ste 1770
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Anedot fundraising user percentage fee.
		Alleadt faillafaising aset percentage rec.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expericiture to beliefit C/Oi	
	Date	Payee name
	11/21/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$478.70	1340 Poydras Street
		Ste 1770
		New Orleans, LA 70112
	DUDDOOF	I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Anedot fundraising user percentage fee.
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## 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

	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: 11/24 Rpt:	Buckingham M.D., Dawn C. (The Honorable) 00069001
4	Date	5 Payee name
	11/23/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$107.90	1340 Poydras Street
		Ste 1770
		New Orleans, LA 70112
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Anedot fundraising user percentage fee.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/25/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.76	1340 Poydras Street
		Ste 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Anedot fundraising user percentage fee.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/27/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$204.60	1340 Poydras Street
		Ste 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Anedot fundraising user percentage fee.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

Credit Card Payment	The Instruction Guide explains how to complete this form.	WC)
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Commission	on Filers)
Sch: 12/24 Rpt:	Buckingham M.D., Dawn C. (The Honorable) 00069001	
4 Date	5 Payee name	
11/29/2024	Anedot	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.30	1340 Poydras Street	
	Ste 1770	
	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Anedot fundraising user percentage fee.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
Date	Payee name	
12/03/2024	Anedot	
Amount (\$)	Payee address; City; State; Zip Code	
\$471.80	1340 Poydras Street	
	Ste 1770	
	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Anedot fundraising user percentage fee.	
	Anedot fundraising user percentage ree.	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	
12/05/2024	Anedot	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,361.80		
<del>+=,</del>	Ste 1770	
	New Orleans, LA 70112	
DUDDOCE		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Anedot fundraising user percentage fee.	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	UH	

#### 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

Candidate/Officenoider/Politic Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 13/24 Rpt:	2 FILER NAME Buckingham M.D., Dawn C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069001
4 Date 12/07/2024	5 Payee name Anedot
6 Amount (\$) \$1,052.40	7 Payee address; City; State; Zip Code 1340 Poydras Street Ste 1770 New Orleans, LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Anedot fundraising user percentage fee.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 12/09/2024	Payee name Anedot
Amount (\$) \$804.60	Payee address; City; State; Zip Code  1340 Poydras Street  Ste 1770  New Orleans, LA 70112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot fundraising user percentage fee.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 12/11/2024	Payee name Anedot
Amount (\$) \$200.30	Payee address; City; State; Zip Code 1340 Poydras Street Ste 1770 New Orleans, LA 70112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot fundraising user percentage fee.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	
Total pages Schedule F1: Sch: 14/24 Rpt:	2 FILER NAME Buckingham M.D., Dawn C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069001
4 Date	5 Payee name
12/13/2024	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$319.50	1340 Poydras Street
	Ste 1770
	New Orleans, LA 70112
8 PURPOSE	
OF OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Anedot fundraising user percentage fee.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/14/2024	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$283.20	1340 Poydras Street
Ψ200.20	Ste 1770
	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Anedot fundraising user percentage fee.
	Alleade failulaising aser percentage ice.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
12/12/2024	Austin Occasions
Amount (\$)	Payee address; City; State; Zip Code
\$1,750.00	1602 Saracen Rd
	Austin, TX 78733
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Guest Services for GLO Christmas Event
	Guest Services for GLO Chiristinas Event
Complete CNU V if all	Constitute / Office health a more constitute of the constitute of
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 15/24 Rpt:	Buckingham M.D., Dawn C. (The Honorable) 00069001
4	Date	5 Payee name
	07/22/2024	CASM 3 LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	3820 Gramercy
		Houston, TX 77025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Consulting retainer fee.
		Consulting retained lee.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	08/20/2024	CASM 3 LLC
H	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	3820 Gramercy
	, , , , , , , ,	
		Houston, TX 77025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Consulting retainer fee.
		Consulting retainer lee.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	09/23/2024	CASM 3 LLC
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	3820 Gramercy
	φ3,000.00	3020 Graniercy
		Houston, TV 7702F
		Houston, TX 77025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consulting retainer fee.
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
Г		
ı		

## 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 Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	. •	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/24 Rpt:	Buckingham M.D., Dawn C. (The Honorable) 00069001
4		5 Payee name
	10/21/2024	CASM 3 LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	3820 Gramercy
		Houston, TX 77025
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Consulting retainer fee.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	11/20/2024	CASM 3 LLC
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	3820 Gramercy
L		Houston, TX 77025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consulting retainer fee.
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡		
	Date 07/12/2024	Payee name Hubbard, Kimberly
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	3403 Snead Path
		Round Rock, TX 78664
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Contract labor for campaign/officeholder services.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	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 (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 17/24 Rpt:	Buckingham M.D., Dawn C. (The Honorable) 00069001
4	Date	5 Payee name
	08/02/2024	Hubbard, Kimberly
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,250.00	3403 Snead Path
		Round Rock, TX 78664
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Contract labor for campaign/officeholder services.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Data	
	Date 08/27/2024	Payee name
		Hubbard, Kimberly
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	3403 Snead Path
		Round Rock, TX 78664
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract labor for campaign/officeholder services.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/08/2024	Hubbard, Kimberly
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	3403 Snead Path
	Ψ1,230.00	5405 Shead Falli
		Round Rock, TX 78664
	DUDDOOF	I and
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Mages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract labor for campaign/officeholder services.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 18/24 Rpt:	Buckingham M.D., Dawn C. (The Honorable) 00069001
4	Date	5 Payee name
	11/11/2024	Hubbard, Kimberly
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,250.00	3403 Snead Path
		Round Rock, TX 78664
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract labor for campaign/officeholder services.
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/02/2024	Hubbard, Kimberly
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	3403 Snead Path
		Round Rock, TX 78664
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Contract labor for campaign/officeholder services.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	07/31/2024	IBC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	4025 Ranch Rd 620 S
		Bee Cave, TX 78738
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Bank service charge
		Daint convice change
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## SCHEDULE F1

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

Fees Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	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: 19/24 Rpt:	Buckingham M.D., Dawn C. (The Honorable) 00069001	
4	Date	5 Payee name	
	08/31/2024	IBC Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.89	4025 Ranch Rd 620 S	
		Bee Cave, TX 78738	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Bank service charge	
		Daily Service Charge	
_	0 1: 0.11.7.7.1		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/30/2024	IBC Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.59	4025 Ranch Rd 620 S	
		Bee Cave, TX 78738	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Bank service charge	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/02/2024	John Doner & Associates	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10,000.00	1005 Congress Avenue	
		Suite 580	
		Austin, TX 78701	
	DUDD005		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Consulting Expanse  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Consulting retainer fee.	
H	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 Comn

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

	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: 20/24 Rpt:	Buckingham M.D., Dawn C. (The Honorable) 00069001			
4	Date	5 Payee name			
	08/27/2024	Law Offices of Kevin C. Stewart			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$2,500.00	6801 Yaupon Drive			
		Austin, TX 78759			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Ethics Consulting Quarterly Fee			
		Lunes Consulting Quarterly 1 cc			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
ľ	expenditure to benefit C/O				
H	Date	Payee name			
	12/03/2024	Law Offices of Kevin C. Stewart			
	Amount (\$)				
\$2,500.00 6801 Yaupon Drive					
		Austin, TX 78759			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Campaign Attorney			
		Campaign / morney			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
_	Date	Payee name			
	07/12/2024	Lilly & Company			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5,248.99	1005 Congress Avenue			
	Ψ3,240.99				
		Ste 400			
		Austin, TX 78701			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Fundraising percentage fee			
		. a.i.a. alianing por our integer roo			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

## 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 Salaries (Contract Labor,

	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: 21/24 Rpt:	Buckingham M.D., Dawn C. (The Honorable) 00069001
4	Date	5 Payee name
	08/02/2024	Lilly & Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	1005 Congress Avenue
		Ste 400
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		Fundraising percentage fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Payee name
	08/27/2024	Lilly & Company
		, , ,
	Amount (\$)	
	\$5,859.35	1005 Congress Avenue
		Ste 400
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising percentage fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	10/08/2024	Lilly & Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,100.00	1005 Congress Avenue
		Ste 400
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Fundraising percentage fee
	0 1: 0.11.7.7.1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## 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/Officeholder/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: 22/24 Rpt:	Buckingham M.D., Dawn C. (The Honorable) 00069001
4	Date	5 Payee name
	11/20/2024	Lilly & Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19,338.15	1005 Congress Avenue
		Ste 400
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense  Fundraising percentage fee
		Fundraising percentage lee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
	Date	Payee name
	11/20/2024	Lilly & Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,350.00	1005 Congress Avenue
		Ste 400
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising percentage fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/20/2024	Lilly & Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,498.56	1005 Congress Avenue
		Ste 400
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Fundraising percentage fee
_	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 (Contract Labor,

	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: 23/24 Rpt:	Buckingham M.D., Dawn C. (The Honorable) 00069001
4	Date	5 Payee name
	12/17/2024	Lilly & Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,402.02	1005 Congress Avenue
		Ste 400
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fundraising Expenses
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/17/2024	Senate Ladies Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$550.00	PO Box 12068
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Senate Ladies Club Biennial Gala tickets
	Commission ONII V if disposit	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/03/2024	Senate Ladies Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	PO Box 12068
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Senate Ladies Club Dues
		Schale Laules Glub Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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: 24/24 Rpt:	Buckingham M.D., Dawn C. (The Honorable) 00069001
4	Date	5 Payee name
	08/02/2024	Thomas Graphics, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$135.31	P.O. Box 142226
		Austin, TX 78714-2226
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign materials printing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	<del>-</del>
	Date	Payee name
	08/02/2024	Thomas Graphics, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,005.25	P.O. Box 142226
		Austin, TX 78714-2226
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign materials printing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	<del>-</del>
	Date	Payee name
	11/13/2024	Thomas Graphics, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,734.58	P.O. Box 142226
	, ,	
		Austin, TX 78714-2226
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Christmas cards printing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>U</b>

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete tl	his form.			
1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)		
Sch: 1/35 Rpt: 90/126	Buckingham M.D.,	Dawn C. (The Honorab	ble) 00069001				
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES		\$		
ISSUER	Chase Southw	est Credit Card		EXPENDITURES CHARGED TO A CREDIT CARD  (c) Date(s) Credit Card Issuer			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge			Paid		
	\$103.36	07/01/2024	08/07/202	24			
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Google		1600 Amphitheatre Parkw		ay		
				View, CA 94043	1		
8 PURPOSE OF	(a) Category	of this schodulo)	(b) Descript				
l <u> </u>	EXPENDITURE (See Categories listed at the top of this schedule) Campaign email domain Office Overhead/Rental Expense		iosting fee.				
X Political							
Non-Political	(*) <b> </b>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH	(a) Amazunt Chausad	(h) Data of Charge	(a) Data(a)	Cuadit Cand Issue	Daid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid 10/01/2024				
	\$107.45	09/01/2024					
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	address;	City,	State,	Zip Code
	Coords		1600 Amp	ohitheatre Parkw	ay		
	Google	Google					
	( ) 0 :		Mountain View, CA 94043 (b) Description				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		Campaign email domain hosting fee.				
X Political	Office Overhead/Rent	tal Expense	Campaigi	remail domail i	iosung ice.		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH		L (1) 2	145545	- "			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 08/07/202	Credit Card Issuer	Paid		
	\$25.53	07/06/2024	00/01/202				
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	address:	City,	State,	Zip Code
	(4) 1 2) 22 11		1 ' '	Avenue, Suite 16		,	
	Whitepages			5			
			Seattle, W	VA 98101			
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	Campaign monthly subscription fee.				
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	[	Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.	<u>-</u> (g,	,	
1 Total pages Schedule F4:	Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 2/35 Rpt: 91/126		Dawn C. (The Honorab	able) 00069001			
4 CREDIT CARD ISSUER	see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$25.53	(b) Date of Charge 09/06/2024	(c) Date(s) Credit Card Issue 10/01/2024	r Paid		
7 PAYEE	(a) Payee name Whitepages		(b) Payee address; 1301 5th Avenue, Suite 1 Seattle, WA 98101	City, State, 600	Zip Code	
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE  (a) Category  (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  (c) Description  (d) Description  (a) Political		ription fee.				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$25.53	(b) Date of Charge 11/06/2024	(c) Date(s) Credit Card Issue 12/01/2024	r Paid		
PAYEE	(a) Payee name	ame (b) Payee address;		City, State,	Zip Code	
	Whitepages		1301 5th Avenue, Suite 1	600		
			Seattle, WA 98101			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign monthly subsc	ription fee.		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held		
expenditure to benefit C/OH	Garrandato, Girisonolasi		o coug.it			
PAYMENT	(a) Amount Charged \$437.06	(b) Date of Charge 07/14/2024	(c) Date(s) Credit Card Issue 08/07/2024	r Paid		
PAYEE	(a) Payee name Mailchimp	1	(b) Payee address; 675 Ponce de Leon Ave N Suite 5000 Atlanta, GA 30308	City, State, NE	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Email marketing.			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Candidate/Officeriolder/Folitica	· · · · · · · · · · · · · · · · · · ·	ruction Guide explains how	•	THER (eliter a category not listed	above)	
1 Total pages Schedule F4:	· · · · · · · · · · · · · · · · · · ·			3 Filer ID (Ethics Commi	ssion Filers)	
Sch: 3/35 Rpt: 92/126	Buckingham M.D., Dawn C. (The Honorable)		ile)	00069001	,	
4 CREDIT CARD ISSUER	Name of finar	Name of financial institution  See previous  5 TOTAL 0 EXPENI CHARG CARD		\$		
6 PAYMENT	(a) Amount Charged \$55.95	(b) Date of Charge 11/13/2024	(c) Date(s) Credit Card Issuer 12/01/2024	r Paid		
7 PAYEE	(a) Payee name  Lowe's		(b) Payee address; 12611 Shops Parkway Suite 100 Bee Cave, TX 78738	City, State,	Zip Code	
8 PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Supplemental supplies for	campaign event		
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,		officeholder living expense			
9 Complete ONLY if direct   Candidate/Officeholder name   Office sought   Office held   expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$107.45	(b) Date of Charge 08/01/2024	(c) Date(s) Credit Card Issuer 08/28/2024	r Paid		
PAYEE	(a) Payee name  Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign email domain h			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$107.45	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Issuer 10/29/2024	r Paid		
PAYEE	(a) Payee name Google		(b) Payee address; 1600 Amphitheatre Parkw Mountain View, CA 94043	,	Zip Code	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		al Expense	(b) Description Campaign email domain h			
Non-Political	(*) <b>–</b>	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

1 Total pages Schedule F4: 2 FLER NAME Sch: 4/35 Rpt: 93/1225 Subkingham M.D., Dawn C. (The Honorable) 00069001  4 CREDIT CARD ISSUER  5 PAYMENT  6 (a) Amount Charged S107.45   11/01/2024   12/01/202		The Inst	ruction Guide explains how	to complete this form.			
Name of financial institution   See previous   STOTAL OF UNITEMIZED   SUPPRINTURES   SUPPRINTURES   CHARGED TO A CREDIT   CARD	1 Total pages Schedule F4:	pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
SSUER   See pr=vious	Sch: 4/35 Rpt: 93/126	Buckingham M.D.,	Dawn C. (The Honorab	ole)	00069001		
Signature   Sign				EXPENDITURES CHARGED TO A CREDIT			
Sign	6 PAYMENT	(a) Amount Charged	(b) Date of Charge		er Paid		
Google   1600 Amphitheatre Parkway   Mountain View, CA 94043		\$107.45	11/01/2024	12/01/2024			
Soogle   Mountain View, CA 94043	7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
Septembrune   Candidate   Complete Suppose   Com		Google		1600 Amphitheatre Parkv	vay		
Campaign email domain hosting fee.   Campaign email domain hosting fee.				3			
Political   Complete ONLY if direct expenditure to benefit C/OH		1 . ,	of this schedule)	` ' '	hosting for		
9 Complete ONLY if direct expenditure to benefit C/OH  PAYMENT  (a) Amount Charged \$10.80  (b) Date of Charge 08/07/2024  (c) Date(s) Credit Card Issuer Paid 08/07/2024  PAYEE  (a) Payee name (b) Payee address; City, State, Zip Code One Microsoft Way  Redmond, WA 98052  PURPOSE OF EXPENDITURE Office Overhead/Rental Expense  (d) Category (see categories listed at the top of this schedule) (c) Cardidate/Office bolder name Office sought Office Sought Office held  PAYMENT  (a) Amount Charged (b) Date of Charge (b) Payee address; City, State, Zip Code One Microsoft Way  Redmond, WA 98052  (b) Description Campaign subscription service  (c) Cardidate/Office Overhead/Rental Expense  (d) Category (see categories listed at the top of this schedule T. Check if Austin, TX. officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  PAYMENT  (a) Amount Charged (b) Date of Charge 08/13/2024  (b) Payee address; City, State, Zip Code 08/13/2024  PAYEE  (a) Amount Charged (b) Date of Charge 08/13/2024  (b) Payee address; City, State, Zip Code 08/13/2024  PAYEE  (a) Payee name (b) Payee address; City, State, Zip Code One Microsoft Way  Redmond, WA 98052  PURPOSE OF EXPENDITURE (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Campaign subscription service  (c) Date(s) Credit Card Issuer Paid 08/28/2024  (d) Description Campaign subscription service  (d) Description Campaign subscription service  (e) Description Campaign subscription service	<u> </u>	1 '	,	Campaign email domain	nosung lee.		
PAYMENT  (a) Amount Charge \$10.80  (b) Date of Charge 07/13/2024  (c) Date(s) Credit Card Issuer Paid 08/07/2024  (d) Payee name Microsoft Corporation  (e) Payee address; City, State, Zip Code One Microsoft Way  Redmond, WA 98052  (e) Description Campaign subscription service  (f) Description Campaign subscription service  (g) Check if vavel outside of Texas. Complete Schedule T.  PAYMENT  (a) Amount Charged (b) Date of Charge 07/13/2024  (c) Check if vavel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  (c) Date(s) Credit Card Issuer Paid One Microsoft Way  (c) Date(s) Credit Card Issuer Paid Office held  PAYMENT  (a) Amount Charged (b) Date of Charge 08/13/2024  (c) Date(s) Credit Card Issuer Paid 08/28/2024  (d) Payee address; City, State, Zip Code One Microsoft Way  Microsoft Corporation  Redmond, WA 98052  (b) Description Campaign subscription service  (c) Date(s) Credit Card Issuer Paid 08/28/2024  (d) Payee address; City, State, Zip Code One Microsoft Way  Redmond, WA 98052  (e) Description Campaign subscription service  (b) Description Campaign subscription service  (b) Description Campaign subscription service  (c) Candidate/Officeholder name Office Sought  (d) Description Campaign subscription service	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
PAYMENT  (a) Amount Charged \$10.80  (b) Date of Charge O7/13/2024  (c) Date(s) Credit Card Issuer Paid O8/07/2024  PAYEE  (a) Payee name Microsoft Corporation  (b) Payee address; City, State, Zip Code One Microsoft Way  Redmond, WA 98052  PURPOSE OF EXPENDITURE    Office Overhead/Rental Expense    Complete ONLY if direct expenditure to benefit C/OH  PAYMENT  (a) Amount Charged \$10.80  (b) Date of Charge O8/13/2024  (c) Candidate/Officeholder name  Office Sought  One Microsoft Way  Redmond, WA 98052  (b) Description  Campaign subscription service  Office held  Office held  Office held  Office held  Office held  Office held  PAYMENT  (a) Amount Charged \$10.80  O8/13/2024  (b) Date of Charge O8/28/2024  (c) Date(s) Credit Card Issuer Paid O8/28/2024  One Microsoft Way  Microsoft Corporation  Redmond, WA 98052  (b) Payee address; City, State, Zip Code One Microsoft Way  Microsoft Corporation  Redmond, WA 98052  (b) Poserription  Campaign subscription service  Office Overhead/Rental Expense  Office Overhead/Rental Expense  Complete ONLY if direct  (c) Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder Inving expense  Complete ONLY if direct  Complete ONLY if direct  Candidate/Officeholder name  Office Sought  Office held  Office Poethead/Rental Expense	l '	Candidate/Officeholder	name Offic	e sought	Office held		
PAYEE  (a) Payee name Microsoft Corporation  Redmond, WA 98052  PURPOSE OF EXPENDITURE Non-Political Non-Political Complete QNLY if direct expenditure to benefit C/OH  PAYEE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Payee address; City, State, Zip Code One Microsoft Way  Redmond, WA 98052  (b) Description Campaign subscription service  (c) Check if travel outside of Texas. Complete Schedule T. Complete QNLY if direct expenditure to benefit C/OH  PAYMENT  (a) Amount Charged \$10.80  (b) Date of Charge O8/13/2024  (c) Date(s) Credit Card Issuer Paid O8/28/2024  PAYEE  (a) Payee name Microsoft Corporation  Redmond, WA 98052  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Payee address; City, State, Zip Code One Microsoft Way  Redmond, WA 98052  (b) Description Campaign subscription service  (c) Campaign subscription service  (d) Description Service  (e) Description Service  (f) Description Service  (o) Campaign subscription service	<u> </u>						
Microsoft Corporation  Redmond, WA 98052  PURPOSE OF EXPENDITURE    See Categories listed at the top of this schedule) Office Overhead/Rental Expense    Complete ONLY if direct expenditure to benefit C/OH    PAYMENT   (a) Amount Charged \$10.80   08/13/2024   (b) Date of Charge \$10.80   08/13/2024   (c) Date(s) Credit Card Issuer Paid 08/28/2024   (d) Payee name   (b) Payee address; City, State, Zip Code One Microsoft Way    PURPOSE OF EXPENDITURE   (a) Category   (a) Category   (b) Date of this schedule) Office Overhead/Rental Expense   (b) Description   (c) Date(s) Credit Card Issuer Paid 08/28/2024   (d) Payee name   (d) Payee address; City, State, Zip Code One Microsoft Way   (e) Description   (e) Desc	PAYMENT		` '	* * * * * * * * * * * * * * * * * * * *	er Paid		
PURPOSE OF EXPENDITURE    A   Political   Complete ONLY if direct expenditure to benefit C/OH    PAYMENT   Complete One North Corporation   Complete One North Corporation	PAYEE	(a) Payee name	l	(b) Payee address;	City, State, Zip Code		
PURPOSE OF EXPENDITURE		Microsoft Corporati	on	One Microsoft Way			
Campaign subscription service   Campaign subscription servic							
Office Overhead/Rental Expense    Camplating Statistical   City   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense		1 . ,	of this schedule)				
Complete ONLY if direct expenditure to benefit C/OH  PAYMENT  (a) Amount Charged \$10.80  (b) Date of Charge 08/28/2024  (c) Date(s) Credit Card Issuer Paid 08/28/2024  PAYEE  (a) Payee name (b) Payee address; City, State, Zip Code One Microsoft Way  Microsoft Corporation  Redmond, WA 98052  PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Date(s) Credit Card Issuer Paid 08/28/2024  (b) Payee address; City, State, Zip Code One Microsoft Way  (b) Description Campaign subscription service  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	l <u>—</u>			Campaign subscription service			
expenditure to benefit C/OH  PAYMENT  (a) Amount Charged \$10.80  (b) Date of Charge 08/28/2024  (c) Date(s) Credit Card Issuer Paid 08/28/2024  PAYEE  (a) Payee name (b) Payee address; City, State, Zip Code One Microsoft Way  Microsoft Corporation  Redmond, WA 98052  PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Object in Austin, TX, officeholder living expense	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
PAYMENT  (a) Amount Charged \$10.80  (b) Date of Charge 08/28/2024  (c) Date(s) Credit Card Issuer Paid 08/28/2024  PAYEE  (a) Payee name (b) Payee address; City, State, Zip Code One Microsoft Way  Microsoft Corporation  Redmond, WA 98052  PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Date(s) Credit Card Issuer Paid 08/28/2024  (b) Payee address; City, State, Zip Code One Microsoft Way  Redmond, WA 98052  (b) Description Campaign subscription service  (c) Campaign subscription service  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	· ·	Candidate/Officeholder	name Offic	e sought	Office held		
PAYEE  (a) Payee name  Microsoft Corporation  Redmond, WA 98052  PURPOSE OF EXPENDITURE  X Political  Non-Political  Non-Political  Complete ONLY if direct  Candidate/Officeholder name  (b) Payee address; City, State, Zip Code One Microsoft Way  Redmond, WA 98052  (b) Description Campaign subscription service		(a) Amount Charged	(h) Data of Chargo	(a) Data(a) Cradit Card Issue	ar Doid		
Microsoft Corporation  PURPOSE OF EXPENDITURE    Non-Political   Non-Political   Complete ONLY if direct   Candidate/Officeholder name   Office sought   One Microsoft Way    Redmond, WA 98052     (b) Description   Campaign subscription service   Campaign subscription	PATMENT		1		a Palu		
Microsoft Corporation  Redmond, WA 98052  PURPOSE OF EXPENDITURE  X Political  Non-Political  Non-Political  Complete ONLY if direct  Candidate/Officeholder name  Microsoft Corporation  Redmond, WA 98052  (b) Description  Campaign subscription service  Campaign subscription service  Campaign subscription service  Campaign subscription service  Office Overhead/Rental Expense	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
PURPOSE OF EXPENDITURE    X   Political   Non-Political   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Candidate/Officeholder name   Office sought   Office held   Redmond, WA 98052    (a) Category (See Categories listed at the top of this schedule)							
PURPOSE OF EXPENDITURE    X   Political     City   Check if travel outside of Texas. Complete   Candidate/Office holder   Candidate/Office holder   Candidate/Office holder   Candidate/Office holder   Candidate/Office holder   Candidate/Office   Candidate/Offic		Microsoft Corporation	on				
EXPENDITURE    See Categories listed at the top of this schedule)							
Office Overhead/Rental Expense  Non-Political Office Overhead/Rental Expense Campaight subscription service  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			of this schedule)				
Non-Political  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct Candidate/Officeholder name Office sought Office held		1, ,	,	Campaign subscription s	ervice		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	I <u>=</u>						
		1 1 2 L	<u> </u>	<u> </u>			
	· ·	Candidate/Officeholder	name Offic	e sought	Office held		

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries/Wages/Contract Labor

Carididate/Officeriolder/Folitica	· · · · · · · · · · · · · · · · · · ·	ruction Guide explains how	· ·	THEN (enter a category not list	eu above)	
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)		
Sch: 5/35 Rpt: 94/126	Buckingham M.D., Dawn C. (The Honorable)		ole)	00069001	ŕ	
4 CREDIT CARD ISSUER	Name of final	financial institution 5 TOTAL OF UNITEMIZED		\$		
6 PAYMENT	(a) Amount Charged \$10.80	(b) Date of Charge 09/13/2024	(c) Date(s) Credit Card Issuer 10/01/2024	Paid		
7 PAYEE	(a) Payee name  Microsoft Corporati	on	(b) Payee address; One Microsoft Way Redmond, WA 98052	City, Stat	e, Zip Code	
8 PURPOSE OF EXPENDITURE  X Political	PURPOSE OF  EXPENDITURE  (a) Category  (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Campaign subscription see		rvice			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$10.80	(b) Date of Charge 10/13/2024	(c) Date(s) Credit Card Issuer 10/29/2024	Paid		
PAYEE	(a) Payee name  Microsoft Corporati	on	(b) Payee address; One Microsoft Way	City, Stat	e, Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Redmond, WA 98052  (b) Description  Campaign subscription service			
Non-Political	(c) Check if travel outside	travel outside of Texas. Complete Schedule T. Check if Austin, TX,		officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$10.80	(b) Date of Charge 11/13/2024	(c) Date(s) Credit Card Issuer 12/01/2024	Paid		
PAYEE	(a) Payee name  Microsoft Corporati	on	(b) Payee address; One Microsoft Way Redmond, WA 98052	City, Stat	e, Zip Code	
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign subscription se	rvice		
Non-Political	(*) <b>—</b>	of Texas. Complete Schedule T.		officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
			·			

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		sion Filers)	
Sch: 6/35 Rpt: 95/126	Buckingham M.D.,	Dawn C. (The Honorab	le)		00069001		
4 CREDIT CARD ISSUER		revious  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 08/07/2024		r Paid		
	\$140.64	07/15/2024					
7 PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	GoDaddy		2155 E GoDaddy Way				
			Tempe, A				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	n website domai	n nama awnar	chin foo	
X Political	Advertising Expense	,	Campaig	n website domai	ii name owner	Stilp lee.	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH		1	1				
PAYMENT	(a) Amount Charged \$91.47	(b) Date of Charge 07/22/2024	(c) Date(s) 08/07/20	Credit Card Issue 24	r Paid		
PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code
	AT&T		208 S Ak	ard St			
			Dallas, TX 75202				
PURPOSE OF	(a) Category	-fabric coloradado)	(b) Description				
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Campaign wifi hotspot monthly fee.				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Office	ce sought Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$91.47	(b) Date of Charge 08/23/2024	(c) Date(s) 08/28/20	Credit Card Issue 24	r Paid		
PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code
			208 S Ak	ard St			
	AT&T						
			Dallas, T	X 75202			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
l <u> </u>	Office Overhead/Ren	,	Campaign wifi hotspot monthly fee.				
X Political							
Non-Political	\(\frac{1}{2}\)   \(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Office	e sought		Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 7/35 Rpt: 96/126	Buckingham M.D.,	Dawn C. (The Honorab	ble) 00069001			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b> \$</b>		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$91.50	10/22/2024	10/29/2024			
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
	AT&T		208 S Akard St			
		Dallas, TX 75202				
8 PURPOSE OF (a) Category (b) Description  EXPENDITURE (See Categories listed at the top of this schedule)						
X Political	Office Overhead/Ren	r Campaiun wiii noispoi ino		onthly fee.		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	x, officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$10,524.00	11/08/2024	12/01/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Prompter People, II	nc.	126 Dillon Ave			
			Campbell, CA 95008			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
X Political	Office Overhead/Ren		Teleprompter purchase for campaign events			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	c, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought Office held			
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid			
	\$12.95	11/17/2024	12/01/2024			
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State, Zip Code		
			110 Kippax St			
	Canva					
			Sydney NSW 2010 Austr	alia		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	,	Campaign monthly subso	cription fee.		
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)	
Sch: 8/35 Rpt: 97/126	Buckingham M.D.,	Dawn C. (The Honorab	ole)	00069001			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid			
	\$17.04	07/19/2024	08/07/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Zoom Video Comm	nunications,	55 Almaden Boulevar 6th Floor San Jose, CA 95113	rd			
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Campaign monthly su	ıbscription fee			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense		
9 Complete ONLY if direct				Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid			
	\$17.04	08/19/2024	08/28/2024				
PAYEE (a) Payee name (b) Payee			(b) Payee address;	City,	State,	Zip Code	
	Zoom Video Comm	nunications,	55 Almaden Boulevar 6th Floor	rd			
PURPOSE OF	(a) Category		San Jose, CA 95113 (b) Description				
EXPENDITURE	(See Categories listed at the top		Campaign monthly subscription fee				
X Political	Office Overhead/Rent	tal Expense		· 			
Non-Political	1 (*) <b>–</b>	of Texas. Complete Schedule T.		n, TX, officeholder living e	xpense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH		I	1				
PAYMENT	(a) Amount Charged \$8.64	(b) Date of Charge 08/21/2024	(c) Date(s) Credit Card Is 08/28/2024	ssuer Paid			
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code	
			1355 Market Street				
	Twitter, Inc.		Ste 900				
			San Francisco, CA 94	1103			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE 	(See Categories listed at the top Advertising Expense	of this schedule)	Twitter blue monthly for	ee for campaign a	account		
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	e T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

bursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
tt Labor OTHER (enter a category not listed above)

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 9/35 Rpt: 98/126	Buckingham M.D.,	Dawn C. (The Honorab	le)	00069001				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$21.48	09/16/2024	10/01/2024					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code				
	Amazon		P.O. Box 81226					
			Seattle, WA 98108					
8 PURPOSE OF	(a) Category	of this cohodule)	(b) Description					
EXPENDITURE  X Political	(See Categories listed at the top Event Expense	or triis scriedule)	Supplies for campaign ev	ent.				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	Candidate/Officeholder name Office sought						
expenditure to benefit C/OH	()		1() = . () =					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 10/29/2024	r Paid				
	\$147.22	10/04/2024	10/20/2024					
PAYEE	(a) Payee name (b) Payee address;			City, State, Zip Code				
	Target		3702 Ranch Rd 620 S					
			Lakeway, TX 78734					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
l <u> </u>	Event Expense	or triis scriedule)	Supplies for campaign event.					
X Political			<u></u>					
Non-Political	`	of Texas. Complete Schedule T.		officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$15.98	10/13/2024	10/29/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	HEB		2000 Ranch Rd 620 S,					
	TILD		Lakeway, TX 78738					
PURPOSE OF	(a) Category	-£4b:bb	(b) Description					
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Food for candidate/office	holder and staff.				
X Political								
Non-Political	(*) <b>—</b>	of Texas. Complete Schedule T.	<u> </u>	n, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
I								

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

t/Reimbursement Solicitation/Fundraising Expense
(Rental Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Contract Labor OTHER (enter a category not listed above)

	The Insti	ruction Guide explains how	to complete thi	s form.	(		,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics	s Commiss	sion Filers)
Sch: 10/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honorab	ole)		00069001		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$42.68	(b) Date of Charge 11/03/2024	(c) Date(s) C 12/01/2024	redit Card Issuei 1	r Paid		
7 PAYEE	(a) Payee name HEB			h Rd 620 S,	City,	State,	Zip Code
0 BURDOOF 05	(a) Cataman		Lakeway, 7				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Food for ca	holder and staff			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought				Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid		
	\$21.34	11/30/2024					
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
	HEB		2000 Ranc	h Rd 620 S,			
			Lakeway, 1	TX 78738			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Food for candidate/office holder and staff.				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		7 Check if Austin. TX.	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought		Office held		
PAYMENT	(a) Amount Charged \$30.05	(b) Date of Charge 11/25/2024	(c) Date(s) C 12/01/2024	redit Card Issuei 1	r Paid		
PAYEE	(a) Payee name Walmart		(b) Payee ad 710 E Ben Austin, TX	White Blvd	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description	on	holder and staff		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete this form	1.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 11/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honorab	le)		00069001		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNI EXPENDITURE CHARGED TO CARD	S	\$		
6	PAYMENT	(a) Amount Charged \$26.20	(b) Date of Charge 09/26/2024	(c) Date(s) Credit (10/29/2024	Card Issuer	Paid		
7	PAYEE	(a) Payee name  Katie's Seafood Ho	use	(b) Payee address 2000 Wharf Roa	ad	City,	State,	Zip Code
Ļ	DUDDOOF OF	(a) Catagony		Galveston, TX 7 (b) Description	7550			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expel	•	Food for candidate/office holder and staff.				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	k if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	name Office	e sought		Office held			
Ľ	expenditure to benefit C/OH		L	1				
	PAYMENT	(a) Amount Charged \$725.02	(b) Date of Charge 11/22/2024	(c) Date(s) Credit (12/01/2024	Card Issuer	Paid		
	PAYEE	(a) Payee name		(b) Payee address;			State,	Zip Code
				1111 Expedia G		West		
L				Seattle, WA 981	.19			
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Lodging and flig campaign event		ndidate/officeh	older and	staff for
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	☐ Chec	k if Austin. TX.	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
e	expenditure to benefit C/OH			3				
	PAYMENT	(a) Amount Charged \$637.00	(b) Date of Charge 11/06/2024	(c) Date(s) Credit (12/01/2024	Card Issuer	Paid		
	PAYEE	Texas State Society		(b) Payee address PO Box 1283 Washington, DC		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	IDITURE (See Categories listed at the top of this schedule) Fees		(b) Description Tickets to Texas State Society Inaugural Ball				
L	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			T. Check if Austin, TX, officeholder living expense			
E	Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 12/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honorab	le)	00069001		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITED EXPENDITURES CHARGED TO A C	<b> \$</b>		
6 PAYMENT	(a) Amount Charged \$91.47	(b) Date of Charge 09/22/2024	(c) Date(s) Credit Card 10/01/2024	d Issuer Paid		
7 PAYEE	(a) Payee name AT&T		(b) Payee address; 208 S Akard St Dallas, TX 75202	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign wifi hots	pot monthly fee.		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living ex	pense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$91.50	(b) Date of Charge 11/23/2024	(c) Date(s) Credit Card 12/01/2024	d Issuer Paid		
PAYEE	(a) Payee name AT&T		(b) Payee address; 208 S Akard St Dallas, TX 75202	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign wifi hotspot monthly fee.			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$232.00	(b) Date of Charge 07/12/2024	(c) Date(s) Credit Card 08/07/2024	d Issuer Paid		
PAYEE	(a) Payee name United States Post	Office	(b) Payee address; 2110 Ranch Road ( Lakeway, TX 78734		State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign PO Box			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		ustin, TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	( 3	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)
	Sch: 13/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honorab	ole)		00069001		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$25.53	(b) Date of Charge 08/06/2024	(c) Date(s) 08/28/20	) Credit Card Issuel 124	r Paid		
7	PAYEE	(a) Payee name Whitepages			address; Avenue, Suite 10 WA 98101	City, 600	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri		ription fee.		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	pense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$25.53	(b) Date of Charge 10/06/2024	(c) Date(s)	) Credit Card Issuel 124	r Paid		
	PAYEE	(a) Payee name Whitepages			Avenue, Suite 10	City, 600	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri	WA 98101 ption In monthly subsci	ription fee.		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	pense	
•	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$12.95	(b) Date of Charge 07/17/2024	(c) Date(s) 08/07/20	) Credit Card Issuel 124	r Paid		
	PAYEE	(a) Payee name Canva		(b) Payee 110 Kipp Sydney N	•	City, alia	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Descrip Campaig	ption In monthly subsci	ription fee.		
L	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
l e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete t	his form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 14/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honoral	ole)		00069001			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged \$740.00	(b) Date of Charge 09/04/2024	(c) Date(s) 10/01/202	Credit Card Issue 24	er Paid			
	ψ/ 40.00	03/04/2024						
7 PAYEE	(a) Payee name	-	(b) Payee a		City,	State,	Zip Code	
	Canva		110 Kippa	ax St				
				ISW 2010 Austr	alia			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
X Political	Printing Expense	or this sorteducy	Campaigi	n Christmas car	a printing fee			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	i	Check if Austin, TX	, officeholder living exp	pense		
9 Complete ONLY if direct					Office held			
expenditure to benefit C/OH			•					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 10/01/202	Credit Card Issue	er Paid			
	\$740.00	09/04/2024	10/01/202	24				
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
	Canva		110 Kippa	ax St				
			Sydney N	ISW 2010 Austr	alia			
PURPOSE OF	(a) Category	(1)	(b) Description					
EXPENDITURE    X   Political	(See Categories listed at the top Printing Expense	or this schedule)	Campaign Christmas card printing fee					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	. , . , ,	Credit Card Issue	er Paid			
	\$12.95	09/17/2024	10/01/202	24				
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
			110 Kippa	ax St				
	Canva							
				ISW 2010 Austr	alia			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		winting f			
	Office Overhead/Ren	•	Campaigi	n monthly subso	cription tee.			
=	X Political							
Non-Political	117 🗖	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics C	Commiss	ion Filers)
Sch: 15/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honorab	ole)	00069001		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$12.95	(b) Date of Charge 10/17/2024	(c) Date(s) Credit Card Issue 10/29/2024	er Paid		
7 PAYEE	(a) Payee name Canva		(b) Payee address; 110 Kippax St Sydney NSW 2010 Austr		State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Campaign monthly subso			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense	е	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$17.04	(b) Date of Charge 09/19/2024	(c) Date(s) Credit Card Issue 10/01/2024	er Paid		
PAYEE	(a) Payee name  Zoom Video Comm	nunications,	(b) Payee address; 55 Almaden Boulevard 6th Floor San Jose, CA 95113	City, S	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Campaign monthly subsc	cription fee		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense	е	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$17.04	(b) Date of Charge 10/19/2024	(c) Date(s) Credit Card Issue 10/29/2024	er Paid		
PAYEE	(a) Payee name  Zoom Video Comm	unications,	(b) Payee address; 55 Almaden Boulevard 6th Floor San Jose, CA 95113	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni	tal Expense	(b) Description Campaign monthly subso	cription fee		
Non-Political	(*)	of Texas. Complete Schedule T.	<b>_</b>	, officeholder living expense	е	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	Candidate/Officerfolder/Folitica	3	ruction Guide explains how	•	THEN (enter a category not listed a	above)		
1	Total pages Schedule F4:		·	<u> </u>	3 Filer ID (Ethics Commis	sion Filers)		
	Sch: 16/35 Rpt:		Dawn C. (The Honorab	ıle)	00069001			
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6	PAYMENT	(a) Amount Charged \$17.04	(b) Date of Charge 11/19/2024	(c) Date(s) Credit Card Issuel 12/01/2024	r Paid			
7	PAYEE	Zoom Video Communications,		(b) Payee address; 55 Almaden Boulevard 6th Floor San Jose, CA 95113	City, State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign monthly subsc	ription fee			
	Non-Political	<u> </u>	of Texas. Complete Schedule T.	<b>—</b>	officeholder living expense			
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$8.64	(b) Date of Charge 07/21/2024	(c) Date(s) Credit Card Issue 08/07/2024	r Paid			
	PAYEE	(a) Payee name (b) Payee address; 1355 Market Street Ste 900		1355 Market Street	City, State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Twitter blue monthly fee for	or campaign account			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$8.64	(b) Date of Charge 09/21/2024	(c) Date(s) Credit Card Issuel 10/01/2024	r Paid			
	PAYEE	(a) Payee name Twitter, Inc.		(b) Payee address; 1355 Market Street Ste 900 San Francisco, CA 94103	City, State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Twitter blue monthly fee for campaign account				
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expense			
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
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## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)
	Sch: 17/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honorab	ole)		00069001		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDI	\$		
6	PAYMENT	(a) Amount Charged \$8.64	(b) Date of Charge 10/21/2024	(c) Date(s 10/29/20	) Credit Card Issu 024	er Paid		
7	PAYEE	(a) Payee name Twitter, Inc.		Ste 900 San Frai	rket Street ncisco, CA 9410	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description  Twitter blue monthly fee for campaign ac				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T	K, officeholder living e	expense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$8.64	(b) Date of Charge 11/21/2024	(c) Date(s 12/01/20	) Credit Card Issu 024	er Paid		
	PAYEE	(a) Payee name Twitter, Inc.		Ste 900	address; irket Street ncisco, CA 9410	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descri Twitter b	ption lue monthly fee	for campaign a	account	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T	K, officeholder living e	expense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$105.89	(b) Date of Charge 09/13/2024	(c) Date(s 10/01/20	) Credit Card Issu 024	er Paid		
	PAYEE	(a) Payee name Amazon		(b) Payee P.O. Box Seattle,		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political Non-Political	(a) Category (See Categories listed at the top Event Expense	,	(b) Descri Supplies	for campaign e			
$\vdash$	Ш	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX	C, officeholder living e	expense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	e sougiii		Onice field		
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## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this	form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 18/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honorab	ole)		00069001		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDIT CHARGED CARD		\$		
6 PAYMENT	(a) Amount Charged \$53.77	(b) Date of Charge 09/14/2024	(c) Date(s) Cre 10/01/2024	edit Card Issuer	Paid		
7 PAYEE	(a) Payee name Sam's Club		(b) Payee add 4970 US-290 Austin, TX 7	)	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Supplies for	campaign eve	ent.		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
expenditure to benefit C/OH			e sought		Office held		
PAYMENT	(a) Amount Charged \$28.11	(b) Date of Charge 09/16/2024	(c) Date(s) Cre 10/01/2024	edit Card Issuer	Paid		
PAYEE	(a) Payee name Amazon		(b) Payee add P.O. Box 812 Seattle, WA	226	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description		ent.		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$10.72	(b) Date of Charge 07/13/2024	(c) Date(s) Cre 08/07/2024	edit Card Issuer	Paid		
PAYEE	(a) Payee name HEB		(b) Payee add 2000 Ranch Lakeway, TX	Rd 620 S,	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe	· ·	(b) Description Food for can		nolder and staff		
Non-Political  Complete ONLY if direct expenditure to benefit C/OH	of Texas. Complete Schedule T. rname Offic	e sought	Check if Austin, TX,	officeholder living expe	ense		

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Insti	ruction Guide explains how	to complete this form.			,	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)	
	Sch: 19/35 Rpt:		Dawn C. (The Honorab	le)	00069001			
4	CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6	PAYMENT	(a) Amount Charged \$70.28	(b) Date of Charge 11/19/2024	(c) Date(s) Credit Card Issue 12/01/2024	er Paid			
7	PAYEE	(a) Payee name HEB		(b) Payee address; 2000 Ranch Rd 620 S, Lakeway, TX 78738	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	(b) Description Food for candidate/office	holder and staff.				
	Non-Political				, officeholder living expen	ise		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought				e sought	Office held			
	PAYMENT	(a) Amount Charged \$23.79	(b) Date of Charge 08/09/2024	(c) Date(s) Credit Card Issue 08/28/2024	er Paid			
	PAYEE	Chick-fil-A		(b) Payee address; 3600 Ranch Rd 620 S Ste C Bee Cave, TX 78738	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Food for candidate/office holder and staff.				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expen	ise		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$34.02	(b) Date of Charge 10/28/2024	(c) Date(s) Credit Card Issue 12/01/2024	er Paid			
	PAYEE	(a) Payee name Chick-fil-A		(b) Payee address; 3600 Ranch Rd 620 S Ste C Bee Cave, TX 78738	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Food for candidate/office	holder and staff.			
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
е	Complete ONLY if direct expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 20/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honorab	le)		00069001			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 11/03/2024	(c) Date(s) ( 10/01/202	Credit Card Issuei 4	r Paid			
7	PAYEE	(a) Payee name  Costco			search Blvd	City,	State,	Zip Code	
Ļ	PURPOSE OF	(a) Category		Austin, TX (b) Descripti					
8	EXPENDITURE  X Political	(See Categories listed at the top	See Categories listed at the top of this schedule) Food/Beverage Expense		Food for candidate/office holder and staff.				
	Non-Political				Check if Austin, TX,	officeholder living expe	ense		
	Complete ONLY if direct Candidate/Officeholder name Off expenditure to benefit C/OH			e sought		Office held			
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(a) Data(a) (	Credit Card Issuer	. Daid			
	PATMENT	(a) Amount Charged \$107.08	08/16/2024	08/28/202		Palu			
	PAYEE (a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		Flower Child 5		500 W 2nd Suite #133 Austin, TX	3				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	·	(b) Description Food for candidate/office holder and staff.					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held			
	PAYMENT	(a) Amount Charged \$118.51	(b) Date of Charge 11/12/2024	(c) Date(s) ( 12/01/202	Credit Card Issuei 4	r Paid			
	PAYEE	White Buffalo Bar		(b) Payee at 102 NW 19 Marathon,	st St #90W	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food for candidate/office holder and staff.					
L	Non-Political	Olitical (c) Check if travel outside of Texas. Complete Schedule T.			. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought					Office held				

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 21/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honorab	le)	00069001		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$437.06	(b) Date of Charge 08/14/2024	(c) Date(s) Credit Card Issuer 08/28/2024	Paid		
7 PAYEE	(a) Payee name  Mailchimp  (a) Category		(b) Payee address; City, State, Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 (b) Description			
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)	Email marketing.			
Non-Political	\frac{1}{2}   \frac{1}{2}	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct Candidate/Officeholder name Off expenditure to benefit C/OH			e sought	Office held		
PAYMENT	(a) Amount Charged \$437.06	(b) Date of Charge 09/14/2024	(c) Date(s) Credit Card Issuer 10/01/2024	Paid		
PAYEE	Mailchimp		(b) Payee address; City, State, Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Email marketing.			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$437.06	(b) Date of Charge 10/14/2024	(c) Date(s) Credit Card Issuer 10/29/2024	Paid		
PAYEE	(a) Payee name  Mailchimp		(b) Payee address; 675 Ponce de Leon Ave N Suite 5000 Atlanta, GA 30308	City, State IE	, Zip Code	
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Email marketing.			
Complete ONLY if direct expenditure to benefit C/OH						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)							
Sch: 22/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honorab	ole)	00069001								
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$								
6 PAYMENT	(a) Amount Charged \$437.06	(b) Date of Charge 11/14/2024	(c) Date(s) Credit Card Issuel 12/01/2024	Paid								
7 PAYEE  8 PURPOSE OF	(a) Payee name  Mailchimp  (a) Category		(b) Payee address; City, State, Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 (b) Description									
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)	Email marketing.									
Non-Political	(1)	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense								
expenditure to benefit C/OH			e sought	Office held								
PAYMENT	(a) Amount Charged \$12.95	(b) Date of Charge 08/17/2024	(c) Date(s) Credit Card Issuer 08/28/2024	<sup>*</sup> Paid								
PAYEE	Canva		(b) Payee address; 110 Kippax St Sydney NSW 2010 Austra	<i>y.</i>	ate, Zip Code							
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign monthly subscription fee.									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense								
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held								
PAYMENT	(a) Amount Charged \$740.00	(b) Date of Charge 09/04/2024	(c) Date(s) Credit Card Issuer 10/01/2024	<sup>·</sup> Paid								
PAYEE	(a) Payee name  Canva		(b) Payee address; 110 Kippax St Sydney NSW 2010 Austra	· ·	ate, Zip Code							
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Campaign Christmas card printing fee									
Non-Political  Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	Check if Austin, TX, e sought	officeholder living expense Office held									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Insti	ruction Guide explains how	to complete thi	s form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Sch: 23/35 Rpt:	Buckingham M.D., I	Dawn C. (The Honorab	le)		00069001		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI CHARGE CARD	D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$740.00	(b) Date of Charge 09/04/2024	(c) Date(s) C 10/01/2024	redit Card Issuer I	<sup>*</sup> Paid		
7	PAYEE	(a) Payee name Canva		(b) Payee ad 110 Kippax Sydney NS		City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Printing Expense	cee Categories listed at the top of this schedule)  Printing Expense		(b) Description Campaign Christmas card printing fee			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exper	nse	
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held		
	PAYMENT	(a) Amount Charged \$126.50	(b) Date of Charge 07/25/2024	(c) Date(s) C 08/07/2024	redit Card Issuer I	<sup>*</sup> Paid		
	PAYEE	Hilton Garden Inn Tyler		(b) Payee ad 220 E Grar Tyler, TX 7	nde Blvd	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Food for candidate/office holder and staff.				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$46.59	(b) Date of Charge 07/25/2024	(c) Date(s) C 08/07/2024	redit Card Issuer I	<sup>*</sup> Paid		
	PAYEE	Chuy's - Tyler		(b) Payee ad 5935 S Bro Tyler, TX 7	adway	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Description Food for candidate/office holder and staff.				
	Non-Political		of Texas. Complete Schedule T.					
Complete ONLY if direct candidate/Officeholder name office sough expenditure to benefit C/OH				esought		Office held		

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	(* ** *********************************		,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 24/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honorab	le)		00069001		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$44.89	(b) Date of Charge 08/08/2024	(c) Date(s) 08/28/20	) Credit Card Issuei 24	r Paid		
7 PAYEE	(a) Payee name  Courtyard by Marrio	ott Houston	(b) Payee 916 Dalla		City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE    X   Political	(See Categories listed at the top Food/Beverage Exper		1 ` ′	candidate/office l	holder and staff.		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
9 Complete ONLY if direct Candidate/Officeholder name Office so					Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$89.22	(b) Date of Charge 08/08/2024	(c) Date(s) 08/28/20	) Credit Card Issuer 24	r Paid		
PAYEE (a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
			800B Town and Country Blvd				
				TX 77024			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Food for candidate/office holder and staff.				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin. TX.	officeholder living expe	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	<u> </u>	Office held		
PAYMENT	(a) Amount Charged \$46.17	(b) Date of Charge 09/27/2024	(c) Date(s) 10/29/20	) Credit Card Issuei 24	r Paid		
PAYEE	(a) Payee name  The Poop Deck			address; awall Blvd n, TX 77550	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Food for candidate/office holder and staff.				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
Complete ONLY if direct expenditure to benefit C/OH	e ONLY if direct				Office held		
	•						

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries/Mange/Control Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a category not listed a	above)	
1 Total pages Schedule F4:			·	3 Filer ID (Ethics Commission Filers)		
Sch: 25/35 Rpt:		Dawn C. (The Honorab	ole)	00069001	•	
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$398.06	(b) Date of Charge 10/24/2024	(c) Date(s) Credit Card Issuel 10/29/2024	r Paid		
7 PAYEE	(a) Payee name  La Fogata		(b) Payee address; 300 N Shary Rd Mission, TX 78572	City, State,	Zip Code	
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE  (See Categories listed at the top of this schedule)  Food/Beverage Expense		Food for candidate/office	holder and staff.			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office			e sought	Office held		
PAYMENT	(a) Amount Charged \$947.72	(b) Date of Charge 11/12/2024	(c) Date(s) Credit Card Issuer 12/01/2024	r Paid		
PAYEE (a) Payee name  Gage Hotel		(b) Payee address; 102 NW 1st St Highway 90W #90w Marathon, TX 79842	City, State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	•	(b) Description Food for candidate/office holder and staff.			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$57.50	(b) Date of Charge 11/15/2024	(c) Date(s) Credit Card Issuer 12/01/2024	r Paid		
PAYEE	(a) Payee name  Alamo Trust Inc		(b) Payee address; 321 Alamo Plaza San Antonio, TX 78205	City, State,	Zip Code	
PURPOSE OF EXPENDITURE    X   Political	DITURE (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Flag purchase for constituent			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	e sought	Office held			
i						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 26/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honorab	ole)	00069001			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$116.83	(b) Date of Charge 11/13/2024	(c) Date(s) Credit Card Issue 12/01/2024	r Paid			
7 PAYEE	(a) Payee name Twin Liquors		(b) Payee address; 1600 Lavaca St Austin, TX 78701	City, State, Zip Code			
8 PURPOSE OF EXPENDITURE  X Political		See Categories listed at the top of this schedule) Food/Beverage Expense  Beverages for campaign e					
Non-Political	(C) Check if travel outside			, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office s			e sought	Office held			
PAYMENT	(a) Amount Charged \$74.88	(b) Date of Charge 11/25/2024	(c) Date(s) Credit Card Issue 12/01/2024	r Paid			
PAYEE	(a) Payee name  La Reynera Bakery		(b) Payee address; City, State, Zip Code 4762 E US Hwy 83 Suite 1 Rio Grande City, TX 78582				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	nse	(b) Description Food for candidate/office holder and staff.				
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 07/23/2024	(c) Date(s) Credit Card Issue 08/07/2024	r Paid			
PAYEE	(a) Payee name  Rick Barnes Campaign		(b) Payee address; PO Box 2345 Keller, TX 76244	City, State, Zip Code			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	s Expense	(b) Description  Donation to campaign event				
Non-Political	`	of Texas. Complete Schedule T.		X, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	ion Filers)
Sch: 27/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honorab	ole)	00069001		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITORNO	\$		
6 PAYMENT	(a) Amount Charged \$101.75	(b) Date of Charge 09/24/2024	(c) Date(s) Credit Card Issue 10/01/2024	er Paid		
7 PAYEE	(a) Payee name Viola's Flower Shop	)	(b) Payee address; 745 N Hwy 123 Bypass A Seguin, TX 78155	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	1	(See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  Flowers for constituent fune		ıneral		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	x, officeholder living expense		
expenditure to benefit C/OH			e sought	Office held		
PAYMENT	(a) Amount Charged \$57.50	(b) Date of Charge 11/15/2024	(c) Date(s) Credit Card Issue 12/01/2024	er Paid		
PAYEE	Alamo Trust Inc		(b) Payee address; 321 Alamo Plaza San Antonio, TX 78205	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Flag purchase for constituent			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$280.99	(b) Date of Charge 08/12/2024	(c) Date(s) Credit Card Issue 08/28/2024	er Paid		
PAYEE	(a) Payee name  The St. Anthony Ho	The St. Anthony Hotel		City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	San Antonio, TX 78205  (b) Description  Lodging for candidate/officeholder and staff for campaign event			
Non-Political	<u> </u>	K, officeholder living exper	nse			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 28/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honorab	ole)	00069001		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$39.56	(b) Date of Charge 10/08/2024	(c) Date(s) Credit Card Issuer 10/29/2024	r Paid		
7 PAYEE	(a) Payee name  Royal Sonesta Hote	el Galleria	(b) Payee address; 2222 W Loop S	City, State	, Zip Code	
	( ) 0 :		Houston, TX 77027			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Food for candidate/officeh	nolder and staff.		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH	(a) A managed Observation	(a) Data (a) Qualit Qual Income	- D-1-1			
PAYMENT	(a) Amount Charged \$800.00	(b) Date of Charge 12/06/2024	(c) Date(s) Credit Card Issuer	rPaid		
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code	
			3300 Guadalupe Street			
			Austin, TX 78705			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description  Beverages for GLO Christmas Event			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$2,349.65	(b) Date of Charge 12/09/2024	(c) Date(s) Credit Card Issuer	r Paid		
PAYEE	Miscellaneous Rentals		(b) Payee address; 1901 E 51st St Bldg. 1 Austin, TX 78723	City, State	, Zip Code	
PURPOSE OF EXPENDITURE  X Political	URE (See Categories listed at the top of this schedule) Event Expense		(b) Description Tables and Chairs for GLO Christmas Event			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if				officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct					

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 29/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honorab	le)		00069001		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid		
	\$209.17	12/10/2024					
7 PAYEE	(a) Payee name  Costco		(b) Payee 10401 R	address; esearch Blvd	City,	State,	Zip Code
			Austin, T				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description Supplies for GLO Christma			as Event			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office			e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid		
	\$53.31	12/13/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Amazon		P.O. Box	81226			
			Seattle, WA 98108				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
X Political	Office Overhead/Rent		Supplies	for Office			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$2,274.94	(b) Date of Charge 11/04/2024	(c) Date(s) 10/01/20	) Credit Card Issuei 124	r Paid		
PAYEE	(a) Payee name	<u> </u>	(b) Payee	address; nnecticut Ave NW	City,	State,	Zip Code
	Washington Hilton			ton, DC 20009	•		
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top	of this schedule)		for candidate/offic	ceholder and s	taff for Pı	residential
X Political	Travel Out of District		Inauguration				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
				Office held			
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 30/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honorab	le)	00069001		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$107.45	12/01/2024				
7 PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway			
			Mountain View, CA 94043	3		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign email domain hosting fee.			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder		e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$12.95	12/17/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			110 Kippax St			
			Sydney NSW 2010 Austra	alia		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Campaign monthly subscription fee.			
X Political	Office Overhead/Rent	iai Experise				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$17.04	(b) Date of Charge 12/19/2024	(c) Date(s) Credit Card Issue	r Paid		
PAYEE	Zoom Video Communications,		(b) Payee address; 55 Almaden Boulevard 6th Floor San Jose, CA 95113	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Campaign monthly subscription fee			
Non-Political	n-Political (c) Check if travel outside of Texas. Complete Schedule T.			officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct					

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	s Commiss	sion Filers)
	Sch: 31/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honorab	le)	00069001		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITURED	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
		\$755.25	12/03/2024				
7	PAYEE	(a) Payee name  Toast Entertainmer	nt	(b) Payee address; 333 Summer Street	City,	State,	Zip Code
L				Boston, MA 02110			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description  DJ for GLO Christmas Event			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	(, officeholder living exp	ense	
9				e sought	Office held		
е	expenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
		\$20.11	12/10/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
				10401 Research Blvd			
				Austin, TX 78759			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Supplies for GLO Christmas Event			
	X Political	Event Expense					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
e	expenditure to benefit C/OH	( ) 1	L (1) D (0)	1//2011			
	PAYMENT	(a) Amount Charged \$303.64	(b) Date of Charge 12/20/2024	(c) Date(s) Credit Card Issue	er Pald		
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Jamos Avory Crafts	eman Ina	145 Avery Road			
		James Avery Crafts	sman, mc.				
┕		( ) 0 :		Kerrville, TX 78028			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Gift for Constituent			
	X Political	Gift/Awards/Memorial	s Expense	Girt for Constituent			
L	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			C, officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
-							

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries (Contract Labor

	Candidate/Officeriolder/Folitica		ruction Guide explains how	•	THER (effici a category not	i iisteu at	Jove)		
1	Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)				
	Sch: 32/35 Rpt:	Buckingham M.D., Dawn C. (The Honorable)			00069001				
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$10.80	12/13/2024						
7	PAYEE	(a) Payee name  Microsoft Corporati	on	(b) Payee address; One Microsoft Way	City, S	State,	Zip Code		
8	PURPOSE OF	(a) Category		Redmond, WA 98052 (b) Description					
°	EXPENDITURE    Political	(See Categories listed at the top Office Overhead/Rent	Campaign subscription se	ervice					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$91.50	12/22/2024						
	PAYEE	(a) Payee name		(b) Payee address;	City, S	State,	Zip Code		
AT&T		AT&T		208 S Akard St					
				Dallas, TX 75202					
l	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	anthly for				
	X Political	Office Overhead/Ren		Campaign wifi hotspot mo	onthly lee.				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	officeholder living expense	;			
Complete ONLY if direct candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$25.53	12/06/2024						
	PAYEE	(a) Payee name		(b) Payee address;	City, S	State,	Zip Code		
Whitepages			1301 5th Avenue, Suite 1600						
				Seattle, WA 98101					
PURPOSE OF (a) Category		(b) Description							
	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Campaign monthly subsc	ription fee.					
	X Political	Onice Overneau/Ren	іаі Ехрепое						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	:			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
Г									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commiss	3 Filer ID (Ethics Commission Filers)			
Sch: 33/35 Rpt:	Buckingham M.D.,	Dawn C. (The Honorab	le)	00069001				
4 CREDIT CARD ISSUER	Name of financial institution  See previous  See previous  CHARGED TO A C			\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid				
	\$437.06	12/14/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Mailchimp		675 Ponce de Leon Ave Suite 5000 Atlanta, GA 30308	NE				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Email Marketing					
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid				
	\$8.64	12/21/2024						
PAYEE	(a) Payee name	l .	(b) Payee address;	City, State,	Zip Code			
			1355 Market Street					
	Twitter, Inc.		Ste 900					
			San Francisco, CA 94103					
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)		of this schedule)	(b) Description  Twitter blue monthly fee for campaign account					
X Political	Office Overhead/Rent	tal Expense	,	To company				
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX			X, officeholder living expense	., officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$2,510.00	(b) Date of Charge 12/05/2024	(c) Date(s) Credit Card Issu	ıer Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
			3300 Guadalupe Street					
	Party Barn							
		Austin, TX 78705						
PURPOSE OF (a) Category		(b) Description						
EXPENDITURE (See Categories listed at the top of this schedule)  Event Expense		Beverages and ice for GLO Christmas Event						
X Political								
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officehold				<u> </u>				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held	·			
expenditure to benefit C/OH								

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete t	his form.	(	,,	,	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 34/35 Rpt:	Buckingham M.D., Dawn C. (The Honorable)				00069001			
4	CREDIT CARD ISSUER	Name of final see pi	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue			r Paid			
		\$525.00	12/09/2024						
7	PAYEE	(a) Payee name  Austin Occasions		(b) Payee a	acen Rd	City,	State,	Zip Code	
Ļ		( ) 0 :		Austin, T					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		Christmas I	Event		
l		Event Expense	· · · · · · · · · · · · · · · · · · ·	Stanning p	ersonnel for GL0	J Christinas i	Event		
	X Political								
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	[	Check if Austin, TX,		expense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
L	expenditure to benefit C/OH	(a) Amazunt Chavarad	(h) Data of Charge	(a) Data(a)	Cuadit Cand Issue	n Daid			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Palu			
		\$59.54	12/11/2024						
PAYEE (a) Payee name  Party Barn		(a) Payee name (b) Payee		(b) Payee a	address;	City,	State,	Zip Code	
		3300 Gua	dalupe Street						
				Austin, T	K 78705				
PURPOSE OF		(a) Category		(b) Descrip					
	EXPENDITURE    Political	(See Categories listed at the top Event Expense	of this schedule)	Ice for GLO Christmas Event					
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living e	vnense		
┝	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	•	<u> </u>	Check if Additi, 17,	Office held	жрепас		
l e	expenditure to benefit C/OH								
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$183.70	12/13/2024						
Г	PAYEE	(a) Payee name	<u> </u>	(b) Payee a	address;	City,	State,	Zip Code	
l		_		P.O. Box	81226				
l		Amazon							
			Seattle, V	VA 98108					
	PURPOSE OF			(b) Descrip					
EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Supplies 1	for Office						
X Political									
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, office				officeholder living e	expense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
-									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Serv		inting Expense laries/Wages/Con to complete the	tract Labor OT	avel Out of District HER (enter a category	not listed ab	oove)	
1 Total pages Schodule E4:					3 Filer ID (Ethic	e Commies	rion Eilere)	
	al pages Schedule F4: <b>2</b> FILER NAME  n: 35/35 Rpt: Buckingham M.D., Dawn C. (The Honorable)				00069001	3 0011111133	non i ners)	
Sch: 35/35 Rpt:		<u>_</u>	1		00069001			
4 CREDIT CARD ISSUER	Name of final see pi	EXPEND	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					
6 PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s)	Credit Card Issuer	Paid			
	\$16.23	12/31/2024						
7 PAYEE	EE (a) Payee name (b) Payee address;			ddress;	City,	State,	Zip Code	
			P.O. Box	81226				
	Amazon							
			Seattle, W	/A 98108				
8 PURPOSE OF	(a) Category		(b) Descript					
EXPENDITURE	(See Categories listed at the top		Supplies f	or Office				
X Political	Office Overhead/Rent	tai Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Chock if Austin TV	officeholder living expe	nco		
9 Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Check if Austin, 17,	Office held	1150		
expenditure to benefit C/OH		-						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
	\$135.00	12/04/2024						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
Southwest Airlines			P.O. Box	36647-1CR				
	Dallas, TX 75235							
PURPOSE OF	(a) Category		(b) Descript	tion				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Airline Fees for travel in-district					
X Political	Travel In District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	_ <u></u>	Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held			
expenditure to benefit C/OH								

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

#### SCHEDULE K

	The Instruction Guide explains how to complete this form.					ages Schedule K: ./2 Rpt: 125/126		
2	FILER NAME  Buckingham M.D., Dawn C. (The Honorable)  3 Filer II 0006			er ID	D (Ethics Commission Filers)			
				0690	001			
4	Date 07/31/2024	5 Name of person from whom amount is received  1BC Bank  6 Address of person from whom amount is received; City; State; Zip Code					\$4,195.72	
			oliti	cal	contri	ibution returned to t	ïler	
		Bank Account Interest Income						
	Date 08/31/2024	Name of person from whom amount is received IBC Bank Address of person from whom amount is received; City; State; Zip Code				Amount (\$)	\$4,209.94	
		Bee Cave, TX 78738						
		Purpose for which amount is received Check if purpose for which amount is received  Bank Account INterest Income	oliti	cal	contri	ibution returned to t	ïler	
	Date 09/30/2024	Name of person from whom amount is received  IBC Bank  Address of person from whom amount is received; City; State; Zip Code					\$4,087.94	
		Bee Cave, TX 78738						
		Purpose for which amount is received	oliti	cal	contri	ibution returned to f	iler	
	Date 10/31/2024	Name of person from whom amount is received  IBC Bank  Address of person from whom amount is received; City; State; Zip Code				Amount (\$)	\$4,238.05	
		Bee Cave, TX 78738						
			oliti	cal	contri	ibution returned to t	iler	
	Date 11/30/2024	Name of person from whom amount is received  IBC Bank  Address of person from whom amount is received; City; State; Zip Code				Amount (\$)	\$4,634.36	
		Bee Cave, TX 78738  Purpose for which amount is received	oliti	cal	contri	ibution returned to t	iler	

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 126/126 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Buckingham M.D., Dawn C. (The Honorable) 00069001 5 Name of person from whom amount is received 8 Amount (\$) 12/31/2024 **IBC** Bank \$5,115.11 6 Address of person from whom amount is received; City; State; Zip Code Bee Cave, TX 78738 Purpose for which amount is received Check if political contribution returned to filer Bank Account Interest Income