## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

1	`	ics Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00069001		77			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME	The Honorable	Dawn C.			07/24/2025	
		NICKNAME	LAST		SUFFIX		
			Buckingham		M.D.	Date Hand-delivered or	Date Postmarked
	ORIGINAL	January 15	Runoff	Other (s	specify)		
	REPORT TYPE	X July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam				
		8th day before election	appointment (office	• •		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	<u> </u>	Month Day	Year		
3	COVERED	01/01/2025	THROUGH	06/30/2025	i eai	Date Imaged	
6	EXPLANATION OF C			00/30/2023			
		orrectly reported as in-kind	contributions because	navment was not pro	cassad in the sa	ume reporting period	
	Tillee itellis were ilici	orrectly reported as in-kind	contributions because	payment was not pro-	cesseu III tile sa	une reporting period	
7	AFFIDAVIT		Lsw	ear, or affirm, under p	enalty of periury	that this corrected	report is true
				correct.	cridity of perjury	, that this corrected	report is true
			Che	ck the box next to any	, and all annlical	hle statements:	
			Cile	ck the box flext to ally	and an applical	bie statements.	
			X	Semiannual reports			
				was made in good fa			or to
				misrepresent the info	offiation contain	ied in the report.	
			X	Other reports: 15	swear, or affirm,	that I am filing this	corrected
				report not later than	the 14th busine	ss day after the date	e I learned
				that the report as ori swear, or affirm, that			
				filed was made in go		3 3 3 5 5 5 6	<b>5 ,</b>
				<b>T</b> L	rabla D-: - C	Duralisis sile si in A.A.S.	
						Buckingham M.D	<u>.                                      </u>
				Signatu	ire of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworn to and auto-	ribad bafara ma butha ==:	d		+hic +l	20	dov
	of	ribed before me, by the sai , 20, to cer	tify which witness my	hand and soal of office	, this tr	ıe	day
	of	, 20, to cer	ary writeri, withess my	nanu and Seal Of Office	₹.		
	Signature of office	er administering oath	Printed name of of	fficer administering oa	th 7	Title of officer admin	istering oath
_	<u> </u>	<del></del>					<b>J</b>

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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Comm 00069001		2 Total pages	s filed: 77
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	E USE ONLY
OFFICEHOLDER NAME	The Honorable	Dawn C.			Date Received	
10.000						CALLY FILED
						CALLI FILLD
	NICKNAME	LAST		SUFFIX	07/24/2025	
		Buckingham		M.D.		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivere	ed or Date Postmarked
OFFICEHOLDER	P.O. Box 342524					
MAILING ADDRESS					Receipt #	Amount
Change of Address	Austin, TX 78734					
	Austin, 17, 10154				Date Processed	
					Date Imaged	
					<u> </u>	
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Mr.	Edward D.				
	NICKNAME	LAST		SUFFIX		
		Buckingham		M.D.		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY	Υ; S	STATE; ZIP CODE
TREASURER ADDRESS	404 Hurst Creek Rd.					
(Residence or Business)	Lakeway, TX 78734					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	XTENSION			
TREASURER PHONE	(512) 261-6858					
THONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff		campaign treasurer officeholder only)
	X July 15	8th day before 6	alection $\square$	Exceeded modified		Attach C/OH-FR)
		J our day before e	Siection	reporting limit	T illai Report (/	Allacii C/OII-I IV)
9 PERIOD	Month Day Year			Month Day	y Year	
COVERED	01/01/2025	TH	IROUGH	06/30/20		
	01/01/2023	•••		00/30/20	723	
10 ELECTION	ELECTION DATE	<u> </u>		ELECTION TYPE		
LE ELECTION	Month Day Year		rimary	Runoff	Other	
	03/03/2026					
		⊢ ∐ <sup>G</sup>	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
	Land Commissioner Travis	3		Land Commiss	sioner	
	1			1		
		ദവ T	O PAGE 2			
		GO 1	JI AGE Z			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 77

13 C / OH NAME	Buckingham M.D., Da	awn C. (The Honorable)	<b>14</b> Filer 0006	ID (Ethic:	s Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted of These expenditures may have to d officeholders are required to re	peen made without the candi	idate's or officeholde	er's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
46 CONTRIBUTION	1 TOTAL LINUTENA	IZED DOLUTICAL CONTRIBUTI	ONG (OTHER THAN BLERG	SEC LOANS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTI ES OF LOANS, OR CONTRIBU			0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARA	NTEES OF LOANS)	\$	506,115.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITUR	RES	\$	0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$	314,178.18	
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTA TING PERIOD	NDING LOANS AS OF THE	LAST DAY \$	0.00	
17 AFFIDAVIT	•			-		
		true and co	affirm, under penalty of perju rrect and includes all informa 15, Election Code.			
			The Honorable Dawn C	C. Buckingham M.	D.	
			Signature of Candida			
AFFIX NC	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid	, this	the	day	
of	, 20, to co	ertify which, witness my hand an	d seal of office.			
Signature of offi	cer administering	Printed name of officer ad	ministering	Title of officer adm	inistering oath	
-	Ç		-		-	

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

### FORM C/OH COVER SHEET PG 3

			C	JVER SHEE	4 of 77
<b>18</b> F	ILER NA	ME	19 Filer ID	(Ethics Commissi	on Filers)
В	uckingh	am M.D., Dawn C. (The Honorable)	00069001		
<b>20</b> S	CHEDUL	E SUBTOTALS			
N	AME OF	SCHEDULE	SUBTOTAL	AMOUNI	
1	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	506,115.00	
2		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4		SCHEDULE E: LOANS		\$	
5	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	282,440.99
6		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7	. 🔲	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	31,737.19
9	. 🔲	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
1	D	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
1	1.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
1	2. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	33,652.87

	MONET	ARY POLITICAL CONTRIBU	ΠONS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 1/18 Rpt: 5/77
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00069001
4	Date 06/30/2025	<ul> <li>Full name of contributor</li></ul>	ID#:)	7	Amount of Contribution (\$) \$50,000.00
_		Seguin, TX 78156			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)	
	Date 06/30/2025	Full name of contributor out-of-state PAC ( Aplin III, Arch  Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$) \$10,000.00
	Principal occur	Lake Jackson, TX 77566 pation / Job title (See Instructions)	Employer (See Instructions	) )	
	Founder	oalion7 Job title (See Instructions)	Buc-ee's	15)	
	Date 06/25/2025	Full name of contributor out-of-state PAC ( Archer, William  Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$) \$1,000.00
		Austin, TX 78703			
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Bull Creek Explorer	ns)	
	Date 06/30/2025	Full name of contributor out-of-state PAC ( Aventa, Tony  Contributor address; City; State; Zip Code  Austin, TX 78732	ID#:)		Amount of Contribution (\$) \$1,000.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Capital Medical Clinic	ns)	
	Date 06/30/2025	Full name of contributor out-of-state PAC ( Avery, Chris  Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	ID#:)		Amount of Contribution (\$) \$3,000.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions James Avery Jewelers		
			1		

	MONET	ARY POLITICAL (	S		SCHEDUI	E A1		
	The Instruc	ction Guide explains how	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 2/18 Rpt: 6/77	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorab	le)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 06/30/2025	<ul><li>5 Full name of contributor Baggett, David</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		)	7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu Managing Pa	Houston, TX 77019 pation / Job title (See Instructions	) 9		Employer (See Instructions Opportune LLP	 s)		
	Date 06/25/2025	Full name of contributor Bain, Joe Contributor address; City; St			)		Amount of Contribution (\$)	\$25.00
	Principal occu Construction	pation / Job title (See Instructions	)		Employer (See Instructions Self	<u>                                      </u>		
	Date 06/30/2025				)		Amount of Contribution (\$)	\$250.00
	Principal occu	Bee Cave , TX 78738 pation / Job title (See Instructions	)		Employer (See Instructions retired	<u> </u> 5)		
	Date 06/30/2025	Full name of contributor Bowling, Randall J Contributor address; City; St El Paso, TX 79902	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$5,000.00
	Principal occu President	pation / Job title (See Instructions	)		Employer (See Instructions Bowling Construction, L			
	Date 06/30/2025	Full name of contributor Bowling IV, Robert L Contributor address; City; St El Paso, TX 79912	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5,000.00
	Principal occu Treasurer	pation / Job title (See Instructions			Employer (See Instructions Bowling Construction, L			
			<u>,                                      </u>					

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS			SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.		1	Total pages Schedule A1: Sch: 3/18 Rpt: 7/77	
2	FILER NAME					3	Filer ID (Ethics Commission	n Filers)
	Buckingham	M.D., Dawn C. (The Honorab	ole)			L	00069001	
4	Date 06/27/2025	<ul> <li>5 Full name of contributor</li> <li>Braniff, Wendall</li> <li>6 Contributor address; City; Si</li> </ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$5,000.00
		Houston, TX 77025	.a.c, <u></u> p					
8	Principal occu	nation / Job title (See Instructions	s) <u> </u>	<b>9</b> Employe	er (See Instructions	5)		
	Attorney			Self				
	Date	Full name of contributor	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	
	06/30/2025	Bridwell, Tucker					9	\$15,000.00
		Contributor address; City; Si	ate; Zip Code			1		
		Abilene TV 70041 1616						
	Principal occu	Abilene, TX 79041-1616 pation / Job title (See Instructions	<u>,                                      </u>	Employe	er (See Instructions	·/_		
	President	pation / 300 title (See Instructions	)		eldt Investment (		rp.	
	Date	Full name of contributor	D suit of ototo DAC (ID)		```	T	Amount of Contribution (\$)	
	06/25/2025	Broaddus, James	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$2,500.00
	00/20/2020	Contributor address; City; Si	rate: 7in Code			ł		Ψ2,000.00
		Contributor address, City, Si	ate, zip code					
		Austin, TX 78746						
	•	pation / Job title (See Instructions	3)		er (See Instructions			
	President			The Bro	oaddus Compani	ies		
	Date	Full name of contributor	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	
	06/30/2025	Broaddus, James						\$1,000.00
		Contributor address; City; Si	ate; Zip Code					
		Austin, TX 78746						
	Principal occu	I	3)	Employe	er (See Instructions	<u>L</u> S)		
	President			The Bro	addus Compani	ies		
	Date	Full name of contributor	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	
	06/30/2025	Brown, Jann	_					\$500.00
		Contributor address; City; Si	ate; Zip Code			1		
	Dringing	Westlake Hills, TX 78746	<u>,                                      </u>	Face of least	or (Coo Impeter - +! -	<u></u>		
	Principal occu retired	pation / Job title (See Instructions	5)	Employe retired	er (See Instructions	s)		
	ieuieu			remeu				

	MONEI	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains hov	v to complete this for	m.	1	Total pages Schedule A1: Sch: 4/18 Rpt: 8/77	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Buckingham	M.D., Dawn C. (The Honoral	ole)			00069001	
4	Date 06/30/2025	<b>5</b> Full name of contributor Byler, Bill	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$10,000.00
		6 Contributor address; City; S					
_	Drive in all accord	Bellville, TX 77418	<u>, lo</u>	Francis von (Coo Instructions	<u>,                                     </u>		
8	CEO	pation / Job title (See Instruction:	9	Employer (See Instructions WT Byler Co	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/30/2025	Campbell, Cody					\$5,000.00
		Contributor address; City; S	tate; Zip Code				
		Ft Worth, TX 76107					
		pation / Job title (See Instructions	s)	Employer (See Instructions		1.0	
	Co-Founder			Double Eagle Holdings	111 1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/30/2025	Cantella, Chad					\$500.00
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78701					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Lobbyist			Texas Star Alliance			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/25/2025	Chasteen, Kara  Contributor address; City; S	tate; Zip Code		•		\$100.00
		Bertram, TX 78605					
	Principal occu Rancher/con	pation / Job title (See Instructions Isultant	5)	Employer (See Instructions Self	s)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/30/2025	Driskell, Charles					\$10.00
		Contributor address; City; S	tate; Zip Code				
		Kerrville, TX 78028					
	Principal occu retired	pation / Job title (See Instructions	5)	Employer (See Instructions retired	S)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	N5		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/18 Rpt: 9/77	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable	e)		3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 06/27/2025	Full name of contributor     Eaddy, Winston     Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$3,300.00
		The Hills, TX 78738					
8	Principal occu Dentist	pation / Job title (See Instructions)	g	Employer (See Instructions Eaddy Dentistry	s)		
	Date 06/25/2025	Full name of contributor  Edwards, Sharon  Contributor address; City; Sta  Austin, TX 78730	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$25.00
	Principal occuretired	pation / Job title (See Instructions)		Employer (See Instructions retired	<u>l</u> 5)		
	Date 06/30/2025	Full name of contributor Feagin, James R Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$5,000.00
	Dringing! goog	Dallas, TX 75287	т	Employer (Coo Instructions	<u></u>		
	President	pation / Job title (See Instructions)		Employer (See Instructions Scarborough Lane	·)		
	Date 06/25/2025	Full name of contributor Fellbaum, Ernest Carl Contributor address; City; Sta				Amount of Contribution (\$)	\$5,000.00
		San Antonio, TX 78209 pation / Job title (See Instructions)		Employer (See Instructions			
	Agent	T =		South Gate Investments	s, L		
	Date 06/30/2025	Full name of contributor [Ford Sr., John Stephen Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Investor			Kingsland Park Contrac	tor	s, LLC	

	MONEI	ARY POLITICAL (	CONTRIBUTIO	)NS	5		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm	ı.	1	Total pages Schedule A1: Sch: 6/18 Rpt: 10/77	
2	FILER NAME					3	Filer ID (Ethics Commission	on Filers)
	Buckingham	M.D., Dawn C. (The Honorab	ole)				00069001	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	Ф0 500 00
	06/30/2025	Fuentes Jr., Francisco	tato: Zin Codo					\$2,500.00
		6 Contributor address; City; St	iate, ZIP Code					
_		Austin, TX 78759	, I.		- 1 (0 1 : "			
8	retired	pation / Job title (See Instructions	S)		Employer (See Instructions retired	)		
	Date	Full name of contributor	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	
	06/27/2025	Fyfe, Taylor						\$5,000.00
		Contributor address; City; Si	tate; Zip Code					
		The Hills, TX 78738						
	Principal occu	pation / Job title (See Instructions	3)	E	Employer (See Instructions	)		
	Business Co	nsulting		5	Self			
	Date	Full name of contributor	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	
	06/30/2025	Gregory, Bob						\$2,500.00
		Contributor address; City; Si	ate; Zip Code					
		Austin, TX 78746						
	Principal occu	pation / Job title (See Instructions	s)	E	Employer (See Instructions	)		
	CEO			٦	Texas Disposable Syste	ms	3	
	Date	Full name of contributor	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	
	06/30/2025	Hardaway, David Contributor address; City; Si	tate; Zip Code					\$5,000.00
		Abilene , TX 79601						
	•	pation / Job title (See Instructions	5)		Employer (See Instructions			
	Principal				David Jones Hardaway	Inv	estments LLC	
	Date	Full name of contributor	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	
	06/30/2025	Harper, Alan						\$2,000.00
		Contributor address; City; Si	tate; Zip Code					
		Arlington, TX 76016						
		pation / Job title (See Instructions	3)		Employer (See Instructions	)		
	Finanical Se	rvices		L	L&M Service Group			

	MONET	ARY POLITICAL C	ONTRIBUTION	N:	S		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm	1.	1	Total pages Schedule A1: Sch: 7/18 Rpt: 11/77	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable	e)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 06/30/2025	<ul> <li>5 Full name of contributor [Hawkinson, Art</li> <li>6 Contributor address; City; Sta</li> </ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$50.00
	Dringing! goog	Horseshoe Bay, TX 78657	lo		Employer (See Instructions	_		
8	retired	pation / Job title (See Instructions)	9		Employer (See Instructions retired	')		
	Date 06/29/2025	Full name of contributor  Henderson, Steven  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code				Amount of Contribution (\$)	\$5.00
		Abilene, TX 79605						
	Principal occu Owner	pation / Job title (See Instructions)			Employer (See Instructions Henderson Constructior			
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:)  Hernandez, Steve  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
		Austin, TX 78738						
	Principal occu Dentist	pation / Job title (See Instructions)			Employer (See Instructions Self	i)		
	Date 06/25/2025	Full name of contributor  Hock, Stacy  Contributor address; City; Sta  Austin, TX 78746	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2,500.00
	Principal occu Owner	pation / Job title (See Instructions)			Employer (See Instructions Hock LLC	)		
	Date 06/30/2025	Full name of contributor Hoffman, Courtney Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		)		Amount of Contribution (\$)	\$250.00
	Principal occu retired	pation / Job title (See Instructions)			Employer (See Instructions retired	5)		
			,					

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instruc	ction Guide explains hov	v to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 8/18 Rpt: 12/77	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honoral	ole)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 06/30/2025	<ul><li>5 Full name of contributor Holzheauser, Craig</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instruction	5)	9	Employer (See Instructions	<u> </u>		
•	Consultant	pano, 000 ano (000 monacas	-,		Self	-,		
	Date 06/30/2025	Full name of contributor HomePAC of Texas Contributor address; City; S			)		Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	s)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:)  Hubbard, Joe  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		Comanche, TX 76442						
	Principal occu Physician	pation / Job title (See Instruction:	5)		Employer (See Instructions Accel Health	5)		
	Date 06/30/2025	Full name of contributor Janecek, John Contributor address; City; S Austin, TX 78738			)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Sales Repre	pation / Job title (See Instructions sentative	s)		Employer (See Instructions Novartis	5)		
	Date 06/27/2025	Full name of contributor Jennings, Steve Contributor address; City; S Austin, TX 78759	out-of-state PAC (ID#:_		)	•	Amount of Contribution (\$)	\$50.00
	Principal occu CEO	pation / Job title (See Instruction:	5)		Employer (See Instructions Ears & Hearing	s)		

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1
	The Instruc	ction Guide explains how	to complete this fo	rm	1.	1	Total pages Schedule A1: Sch: 9/18 Rpt: 13/77
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorab	e)			3	Filer ID (Ethics Commission Filers) 00069001
4	Date 06/30/2025	5 Full name of contributor out-of-state PAC (ID#:) Kumar, Sanjiv  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$200.00		
8	Principal occu	San Antonio, TX 78209  ccupation / Job title (See Instructions)  9 Employer (See Instructions		;) 			
_	Physician	pation 7 300 title (See Institutions,			Eye Care Specialists	·)	
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 LAW-PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00			
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)			Employer (See Instructions	<u> </u> ;)	
	Date Full name of contributor out-of-state PAC (ID#:)  Mallick, Michael  Contributor address; City; State; Zip Code  Fort Worth, TX 76107			Amount of Contribution (\$) \$25,000.00			
	Principal occu Founder	pation / Job title (See Instructions)			Employer (See Instructions Mallick Group, Inc.	<u> </u> 5)	
	Date Full name of contributor out-of-state PAC (ID#:)  06/25/2025 Martine, Tom  Contributor address; City; State; Zip Code  Cypress Mill, TX 78663		,		Amount of Contribution (\$) \$5,000.00		
	Principal occu President	pation / Job title (See Instructions)			Employer (See Instructions Martine Properties Inc.	5)	
	Date  O6/25/2025  Full name of contributor out-of-state PAC (ID#:)  McCort, Barclay  Contributor address; City; State; Zip Code  Salado, TX 76571			Amount of Contribution (\$) \$50.00			
	Principal occu Retired	pation / Job title (See Instructions)			Employer (See Instructions Retired	5)	
			<u>'</u>				

	MONET	ARY POLITICAL (		SCHEDUI	SCHEDULE A1			
	The Instru	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 10/18 Rpt: 14/77	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honoral	ole)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 06/30/2025			7	Amount of Contribution (\$)	\$5,000.00		
8	Principal occu	Temple, TX 76503  supation / Job title (See Instructions)  9 Employer (See Instructions)		 				
	CEO	<b></b>	,		McLane Group	,		
	Date Full name of contributor out-of-state PAC (ID#:) 06/29/2025 Milstein, Bernard  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00			
	Galveston, TX 77550							
	Principal occupation / Job title (See Instructions)  Physician  Employer (See Instructions Self		s)					
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 Milstein, Bernard  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00			
		Galveston, TX 77550				L		
	Principal occu Physician	pation / Job title (See Instruction:	S)		Employer (See Instructions Self	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 Moak Casey PAC  Contributor address; City; State; Zip Code  Austin, TX 78701				Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		
	Date 06/25/2025				Amount of Contribution (\$)	\$5,000.00		
	Principal occu Real Estate	pation / Job title (See Instruction:	s)		Employer (See Instructions McKinney Fund	s)		
			<u>'</u>					

	MONET	ARY POLITICAL (	S 		SCHEDUI	_E <b>A1</b>		
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 11/18 Rpt: 15/77	
2	FILER NAME Buckingham	ILER NAME suckingham M.D., Dawn C. (The Honorable)				3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 06/25/2025	5 Full name of contributor out-of-state PAC (ID#:) Mullen, Anthony  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5,000.00		
		El Paso, TX 79936						
8	Principal occu President	pation / Job title (See Instructions	s) <u> </u>		Employer (See Instructions Mullen/ Telles, Inc.	s)		
	Date 06/27/2025	Full name of contributor Nokes, Kelli Contributor address; City; S			)		Amount of Contribution (\$)	\$500.00
	Lakeway, TX 78734				Francis vou (Coo la objectione			
	VP Risk Mar	pation / Job title (See Instructions nagement	5)		Employer (See Instructions Service Group	5)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:)  Patrick, Colin  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00		
		Colleyville, TX 76034						
	Principal occu CPA	pation / Job title (See Instructions	s) 		Employer (See Instructions Self Employed	s)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/27/2025 Patterson, Dan  Contributor address; City; State; Zip Code  Dallas, TX 75214				Amount of Contribution (\$)	\$5,000.00		
	Principal occu Principal	pation / Job title (See Instructions	(3)		Employer (See Instructions Pattersonthoma	5)		
	Date 06/30/2025	_ `			Amount of Contribution (\$)	\$200.00		
	Principal occu retired	pation / Job title (See Instructions	(3)		Employer (See Instructions retired	5)		
			1					

	MONET	ARY POLITICAL CON		SCHEDULE A1		
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 12/18 Rpt: 16/77
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069001
4	Date 06/30/2025			7	Amount of Contribution (\$) \$100.00	
8	Principal occu	Lakeway, TX 78734 occupation / Job title (See Instructions)  9 Employer (See Instructions)				
Ü	Retired	pation / 305 title (See instructions)	ľ	Retired	')	
	Date Full name of contributor out-of-state PAC (ID#:)  06/27/2025 Perez, Nolan  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00		
	Principal occu	Parlingen, TX 78550 pation / Job title (See Instructions)		Employer (See Instructions	) [	
	Gastroenter			Harlingen Medical Cente		
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 Perot Jr., Ross  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$50,000.00		
	Drincinal occu	pation / Job title (See Instructions)		Employer (See Instructions		
	Chairman	pation / 305 title (See instructions)		The Perot Group	')	
	Date Full name of contributor out-of-state PAC (ID#:)  O6/30/2025 Phenix, Billy  Contributor address; City; State; Zip Code  Austin, TX 78768				Amount of Contribution (\$) \$1,000.00	
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	)	
	Date  O6/30/2025  Pikl, Joanie  Contributor address; City; State; Zip Code  McKinney, TX 75071			Amount of Contribution (\$) \$50.00		
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	()	
			1			

	MONET	ARY POLITICAL CON	SCHEDULE A				
	The Instruc	ction Guide explains how to c	complete this form	1.	1	Total pages Schedule A1: Sch: 13/18 Rpt: 17/77	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commission 00069001	on Filers)
4	Date 06/27/2025			7	Amount of Contribution (\$)	\$2,500.00	
0	Principal occu	Cedar Park, TX 78613  cupation / Job title (See Instructions)  9 Employer (See Instructions)					
8	CEO	pation / Job title (See Instructions)		Titanium Payments	)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 Porter, Michael  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50,000.00		
	Doss, TX 78618  Principal occupation / Job title (See Instructions)  Employer (See Instruction			Employer (See Instructions	)		
	Owner Cross Creek Ranch			Cross Creek Ranch			
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 Preyer, John  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00		
		Chapel Hill, NC 27516					
	Principal occu COO	pation / Job title (See Instructions)		Employer (See Instructions Restoration Systems	)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 Pugh, Wendell  Contributor address; City; State; Zip Code  Abilene, TX 79602			Amount of Contribution (\$)	\$1,000.00		
	Principal occu Field Repres	pation / Job title (See Instructions) entative		Employer (See Instructions State of Texas	)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/25/2025 Ramirez, Rene  Contributor address; City; State; Zip Code  McAllen, TX 78504			Amount of Contribution (\$)	\$2,500.00		
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Pathfinder Public Affairs	)		
			,				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	SCHEDULE A1	
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 14/18 Rpt: 18/77		
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)	
	Buckingham	M.D., Dawn C. (The Honoral	ole)			00069001		
4	Date 06/25/2025	5 Full name of contributor  Rapp, Joseph	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$1,000.00	
		6 Contributor address; City; State; Zip Code  Austin, TX 78734						
8	Principal occu	pation / Job title (See Instructions	s) 9	Employer (See Instructions	<u> </u>			
	President	,		Legacy Ag Group, LLC				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)		
	06/25/2025	Rector, William	out of state 1740 (IB#	)		7 61	\$200.00	
		Contributor address; City; S	tate: 7in Code				,	
		Contributor address, City, S	idio, Zip oodo					
	Kerrville, TX 78028							
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)			
	Radiologist			Peterson Regional Medi	ical	Center		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)		
	06/30/2025	Rigsbee, Adam					\$5,000.00	
		Contributor address; City; S	tate; Zip Code					
		Austin, TX 78731						
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	•			
	President			RiverBank Conservation	1			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)		
	06/30/2025	Schatte, Andrew					\$10,000.00	
		Contributor address; City; S	tate; Zip Code		1			
	D: : 1	Houston, TX 77005	, I		<u></u>			
	Vice Preside	pation / Job title (See Instructions	5)	Employer (See Instructions	5)			
	vice Preside	-		Stonehenge Holdings	_			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)		
	06/25/2025	Schmerbeck III, R L					\$100.00	
		Contributor address; City; S	tate; Zip Code					
		Kerrville , TX 78028						
	Principal occu	pation / Job title (See Instructions	<u>,                                      </u>	Employer (See Instructions	.) 			
			?)	Garrett Insurance Agend				
Insurance Agent Garrett Insurance Agency					- y			

	MONET	ARY POLITICAL C	S	SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this form	n.	1 Total pages Schedule A1: Sch: 15/18 Rpt: 19/77
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorab	ole)		<b>3</b> Filer ID (Ethics Commission Filers) 00069001
4	Date 06/27/2025	Full name of contributor		7 Amount of Contribution (\$) \$5,000.00	
		El Paso, TX 79913			
8	Principal occu CEO	pation / Job title (See Instructions	9	Employer (See Instructions Southwest Land Develo	
	Date 06/25/2025	Full name of contributor Singh, Bobby Contributor address; City; St			Amount of Contribution (\$) \$10,000.00
	Principal occu	Houston, TX 77041 pation / Job title (See Instructions	s)	Employer (See Instructions	)
	Principal	,		Isani Consultants	
	Date 06/30/2025				Amount of Contribution (\$) \$25.00
		Temple, TX 76502			
	Principal occu Boat Dealer	pation / Job title (See Instructions	;) 	Employer (See Instructions Marine Outlet	)
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 Stai, Dian Graves  Contributor address; City; State; Zip Code  Abilene , TX 79601			Amount of Contribution (\$) \$25,000.00	
	Principal occu Retired	pation / Job title (See Instructions	(5)	Employer (See Instructions Retired	)
	Date 06/30/2025			Amount of Contribution (\$) \$10,000.00	
	Principal occu President	pation / Job title (See Instructions	(3)	Employer (See Instructions Stedman West Interests	

	MONET	ARY POLITICAL C	S		SCHEDU	LE A1	
	The Instru	ction Guide explains how	to complete this forn	n.	1	Total pages Schedule A1: Sch: 16/18 Rpt: 20/77	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorabl	e)		3	Filer ID (Ethics Commissi 00069001	ion Filers)
4	Date 06/30/2025	5 Full name of contributor out-of-state PAC (ID#:)  Tameez, Mustafa  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$10,000.00
		Houston, TX 77077					
8	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Outreach Strategists LLC			
	Date 06/30/2025	Full name of contributor  Taylor, Catherine  Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code	)		Amount of Contribution (\$)	\$2,500.00
	Dallas, TX 75209  Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
	Investor	pation / Job title (See Instructions)		Taylor Enterprises	)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 Texans United for a Conservative Majority  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2,500.00	
		Victoria, TX 77901					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/30/2025	Full name of contributor Texans for Lawsuit Reform Contributor address; City; Sta				Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/30/2025	Full name of contributor Texas Land Title Associati Contributor address; City; Sta		)		Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			l				

	MONET	ARY POLITICAL (		SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/18 Rpt: 21/77
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorab	ole)		3	Filer ID (Ethics Commission Filers) 00069001
4	Date 06/30/2025	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$2,500.00	
		Washington, TX 20004				
8	Principal occu	pation / Job title (See Instructions	<del>)</del>	9 Employer (See Instructions	s)	
	Date Full name of contributor out-of-state PAC (ID#:)  Thomas, Clifton  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00		
	Victoria, TX 77902  Principal occupation / Job title (See Instructions)  Employer (See Instruction				<u></u>	
	Owner/Foun		5)	Speedy Stop Food Store		
	Date Full name of contributor out-of-state PAC (ID#:)  06/27/2025 Thompson, James  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00		
	Principal occu	Houston, TX 77056 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>	
	Engineer		,	DCCM	,	
	Date Full name of contributor out-of-state PAC (ID#:)  Tom Ramsey Campaign  Contributor address; City; State; Zip Code  Houston, TX 77255				Amount of Contribution (\$) \$900.00	
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	5)	
	Date 06/25/2025				Amount of Contribution (\$) \$25,000.00	
	Principal occu President	pation / Job title (See Instructions	5)	Employer (See Instructions JWTC	s)	

	MONET	ARY POLITICAL CONTR		SCHED	ULE	.E <b>A1</b>		
	The Instru	ction Guide explains how to comp	lete this fo	rm.	1	Total pages Schedule A1 Sch: 18/18 Rpt: 22/77	:	
2	FILER NAME Buckingham	M.D., Dawn C. (The Honorable)			3	Filer ID (Ethics Commis 00069001	ssion	Filers)
4	Date 06/25/2025	5 Full name of contributor out-of-state PAC (ID#:) Valdez, Lily 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (S	5)	\$25.00
L		Pflugerville, TX 78660						
8	Principal occu retired	pation / Job title (See Instructions)	g	Employer (See Instructions retired	5)			
	Date 06/30/2025	Full name of contributor out-of-st Vinson, Sam Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$		\$2,000.00
		Abilene, TX 79605						
	Principal occu Investor	pation / Job title (See Instructions)		Employer (See Instructions Self	S)			
	Date 06/30/2025	Full name of contributor out-of-st Weekley, Richard Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (S		\$2,500.00
	<u> </u>	Houston, TX 77055			Ĺ			
	Chairman/Cl	pation / Job title (See Instructions) EO		Employer (See Instructions Texans for Lawsuit Refo		1		

#### SCHEDULE F1

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

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

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: 1/12 Rpt: 23/77	Buckingham M.D., Dawn C. (The Honorable) 00069001					
4	Date	5 Payee name					
	06/25/2025	Anedot					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$2,731.00	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					
		Alleuot lunuraising user percentage rec					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	the state of the s					
	Date	Payee name					
	06/27/2025	Anedot					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,857.00	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					
		/ Would furnify abor percentage 100					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Date	Payee name					
	06/29/2025	Anedot					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$40.80	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.					
	EXI ENDITORE	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/OH						

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	al 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: 2/12 Rpt: 24/77	Buckingham M.D., Dawn C. (The Honorable) 00069001
4	Date	5 Payee name
	06/30/2025	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,639.60	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
		Alledot fullulaising user percentage lee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	04/28/2025	Arena LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,100.00	1260 E Stringham Ave
		Ste 350
		Salt Lake City , UT 84106
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign website redesign
		Campaign website redesign
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	04/28/2025	Arena LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,260.00	1260 E Stringham Ave
		Ste 350
		Salt Lake City , UT 84106
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign website hosting and maintenance
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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/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: 3/12 Rpt: 25/77	Buckingham M.D., Dawn C. (The Honorable) 00069001
4	Date	5 Payee name
	03/16/2025	Arena LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	1260 E Stringham Ave
		Ste 350
		Salt Lake City , UT 84106
8	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	Check if Austin, TX, officeholder living expense
		Bank service charge
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiorare to berieff C/Or	
	Date	Payee name
	01/03/2025	CASM 3 LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	3820 Gramercy
		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
		Solidating formula: 100
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	01/30/2025	CASM 3 LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	3820 Gramercy
		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
		Consuming retained 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 -

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

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

Candida Credit Card	ate/Officeholder/Politica d Payment	al 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 page	es Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	.2 Rpt: 26/77	Buckingham M.D., Dawn C. (The Honorable) 00069001
4 Date		5 Payee name
02/24/20	25	CASM 3 LLC
6 Amount (\$	\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	3820 Gramercy
		Houston, TX 77025
8 PURP		(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPEND		Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Consulting retainer fee
		Consulting retainer lee
• • • • •	ON 11 11 11 11 11 11 11 11 11 11 11 11 11	
	ONLY if direct re to benefit C/O	Candidate/Officeholder name Office sought Office held
Date		Payee name
03/28/20	25	CASM 3 LLC
Amount (\$	\$)	Payee address; City; State; Zip Code
	\$5,000.00	3820 Gramercy
		Houston, TX 77025
PURP		(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPEND		Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Consulting retainer fee
	21111111111	
	ONLY if direct re to benefit C/O	Candidate/Officeholder name Office sought Office held
Date		Payee name
04/28/20	25	CASM 3 LLC
Amount (\$	\$)	Payee address; City; State; Zip Code
	\$5,000.00	3820 Gramercy
		Houston, TX 77025
PURP		(a) Category (See Categories listed at the top of this schedule) (b) Description
OI	F	Consulting Expense
	F	Consulting Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
OI	F	Consulting Expense
OF EXPEND	F DITURE	Consulting Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting retainer fee
OF EXPEND	F DITURE  ONLY if direct	Consulting Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting retainer fee  Candidate/Officeholder name  Office sought  Office held
OF EXPEND	F DITURE	Consulting Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting retainer fee  Candidate/Officeholder name  Office sought  Office held
OF EXPEND	F DITURE  ONLY if direct	Consulting Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting retainer fee  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 Co

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 co	ges/Contract Labo plete this form	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 5/12 Rpt: 27/77	Buckingham M.D., Dawn C. (The Honorable)		00069001
4 Date	5 Payee name		•
05/16/2025	CASM 3 LLC		
6 Amount (\$)	7 Payee address; City; State; Zip Co	Э	
\$5,000.00	3820 Gramercy		
	Houston, TX 77025		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description	า
OF EXPENDITURE	Consulting Expense		ravel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense g retainer fee
		001.00	g
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	nt	Office held
expenditure to benefit C/O			
Date	Payee name		
06/26/2025	CASM 3 LLC		
Amount (\$)	Payee address; City; State; Zip Co	<u> </u>	
\$5,000.00	3820 Gramercy	•	
40,000.00	33_3 3.4		
	Houston, TX 77025		
PURPOSE		Description	n
OF	Consulting Expense	:	ravel outside of Texas. Complete Schedule T.
EXPENDITURE	μ		Austin, TX, officeholder living expense
		Consultin	g retainer fee
0 1: 0 1: 0			000
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	TT .	Office held
· 			
Date	Payee name		
06/05/2025	Hubbard, Kimberly		
Amount (\$)	Payee address; City; State; Zip Co	9	
\$7,500.00	3403 Snead Path		
	Davind David TV 70004		
	Round Rock, TX 78664	_	
PURPOSE OF	,	Description	1 ravel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor		Austin, TX, officeholder living expense
			labor for campaign/officeholder services
Complete ONLY if direct	Candidate/Officeholder name Office sout	nt	Office held
expenditure to benefit C/O	<del>1</del>		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations M 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		Legal Services			se s/Contract Labor		OTHER (enter	istrict a category not listed ab	ove)
	Credit Card Payment		The Instruction G	uide explains how to co	omple	ete this form.				
1	Total pages Schedule F1:	2 FILEF	RNAME				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 6/12 Rpt: 28/77	Buck	ingham M.D., Dawn C	. (The Honorable)				00069001		
4	Date	5 Paye	name				<u> </u>			
	03/31/2025	IBC E								
_			e address; City;	State; Zip Co	240					
6	Amount (\$) \$22.83	1	Ranch Rd 620 S	State, Zip Ct	Jue					
	ΨΖΖ.03	4025	Railcii Ru 020 3							
		Bee (	Cave, TX 78738							
8	PURPOSE	(a) Categ	Ory (See Categories listed at t	he top of this schedule)	(b)	Description				
	OF EXPENDITURE	Acco	unting/Banking						nplete Schedule T.	
						Bank service		officeholder livin	g expense	
						Barik Scrvice	CIT	uige		
_	Complete ONLY if direct	Condid	ata/Officabaldar nama	Office cou	ıabt			Office h	ald	
9	Complete ONLY if direct expenditure to benefit C/OI		ate/Officeholder name	Office sou	agni			Office fi	leiu	
<u> </u>		T								
	Date	l '	e name							
	04/30/2025	IBC E	Bank							
	Amount (\$)	Paye	e address; City;	State; Zip Co	ode					
	\$23.57	4025	Ranch Rd 620 S							
		Bee (	Cave, TX 78738							
	PURPOSE	(a) Categ	Ory (See Categories listed at t	he top of this schedule)	(b)	Description				
	OF EXPENDITURE		unting/Banking	,					nplete Schedule T.	
	EXI ENDITORE					ш		officeholder livin	g expense	
						Bank service	cn	arge		
					L.					
	Complete ONLY if direct expenditure to benefit C/OI		ate/Officeholder name	Office sou	ught			Office h	eld	
	Date	1 ′	e name							
	05/31/2025	IBC E	Bank							
	Amount (\$)	Paye	e address; City;	State; Zip Co	ode					
	\$22.17	4025	Ranch Rd 620 S							
		Bee (	Cave, TX 78738							
	PURPOSE	(a) Categ	Ory (See Categories listed at t	he top of this schedule)	(b)	Description				
	OF EXPENDITURE	1	unting/Banking	,		ш			nplete Schedule T.	
	EXPENDITORE							officeholder livin	g expense	
						Bank service	ch	arge		
					<u> </u>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate/Officeholder name	Office sou	ught			Office h	eld	
	onponditure to beliefft 6/01	-								

#### 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: 7/12 Rpt: 29/77	Buckingham M.D., Dawn C. (The Honorable) 00069001
4	Date	5 Payee name
	02/24/2025	IBC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.00	4025 Ranch Rd 620 S
	!	
		Bee Cave, TX 78738
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  Bank service charge
	!	Bank service charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	03/28/2025	Law Offices of Kevin C. Stewart
	Amount (\$)	Payee address; City; State; Zip Code
	\$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	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	!	Ethics Consulting Quarterly Fee
	1	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Data	
	Date	Payee name
	06/25/2025	Law Offices of Kevin C. Stewart
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	6801 Yaupon Drive
	!	
	!	Austin, TX 78759
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	!	Ethics Consulting Quarterly Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1

#### SCHEDULE F1

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

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

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 B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 8/12 Rpt: 30/77	2 FILER NAME Buckingham M.D., Dawn C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069001
<b>4</b> Date 02/17/2025	5 Payee name Lilly & Company
6 Amount (\$) \$3,375.12	7 Payee address; City; State; Zip Code 1005 Congress Avenue Ste 400 Austin, TX 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising retainer fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 02/17/2025	Payee name Lilly & Company
Amount (\$) \$23,000.00	Payee address; City; State; Zip Code  1005 Congress Avenue  Ste 400  Austin, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising bonus fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 03/03/2025	Payee name Lilly & Company
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1005 Congress Avenue Ste 400 Austin, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising retainer 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 -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 9/12 Rpt: 31/77	Buckingham M.D., Dawn C. (The Honorable) 00069001
4	Date	5 Payee name
	03/03/2025	Lilly & Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fundraising retainer fee
		T undituiting retainer lee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	06/05/2025	Lilly & Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	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 retainer fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	06/05/2025	Lilly & Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	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 retainer fee
		i unulaising retainer 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 Committ

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

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

	Contributing/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/12 Rpt: 32/77	Buckingham M.D., Dawn C. (The Honorable) 00069001
4	Date	5 Payee name
	06/05/2025	Maldonado, Ayden
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2415 Camino Real Viejo
		Mercedes, TX 78570
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		USA Powerlifting National Championship Sponsorship
		- Spoilsoisilip
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/05/2025	Mata, Johnny
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	, , , , , , , , , , , , , , , , , , ,
	Φ50.00	3731 Keygate Dr
		Spring, TX 77388
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORE	Candidate/Officeholder/Political Committee
		Houston Community Event Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/05/2025	Mendoza, Christina
	Amount (\$)	Payee address; City; State; Zip Code
	\$93.26	9701B Solana Vista Loop
	ψ93.20	97010 30Ιατία Vίδια Ευσμ
		Austin, TX 78750
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Reimbursement for office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
l		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expe Legal Services  The Instruction Guide	Salaries/V	Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)	
⊢		·		explains now to co	iiipi.	te tills form.	_			
1	Total pages Schedule F1: Sch: 11/12 Rpt: 33/77		: n M.D., Dawn C. (Th	ne Honorable)			3	Filer ID 00069001	(Ethics Commission Filers	s)
Ŀ	•	_					<u> </u>			
4	Date	5 Payee name								
l	02/17/2025	Middle Cree	ek Ranch							
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	ode					
l	\$5,569.14	Middle Cree		, ,						
l	Ψ0,000.14	Wildale Orec	. K T Cu							
		Johnson Cit	y, TX 78636							
8	PURPOSE	(a) Category (se	ee Categories listed at the top	of this schodulo)	(b)	Description				
l	OF	Event Expe		of this schedule)	<b> `</b> ´		outsi	de of Texas. Com	plete Schedule T.	
l	EXPENDITURE	L Vent Expe	1130			=		officeholder living		
l						Staff retreat f	ee			
Ļ	Operation ONE Vitalian	0		045				O#: I	.1.4	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offi	cenolder name	Office sou	ignt			Office he	eid	
	experience to benefit or e	•								
	Date	Payee name								
	02/11/2025	Shale Oil ar	nd Gas Business Ma	agazine						
H	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ndo.					
	` ,	1		State, Zip Ct	ue					
	\$1,200.00	5150 Broad	way #493							
		San Antonio	o, TX 78209							
	PURPOSE	(a) Category (a)	ee Categories listed at the top		(b)	Description				
	OF	1		or this schedule)	(~)	_	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Printing Exp	Jense			<b>=</b>		officeholder living		
						Bulk magazin	ne c	order		
H	Complete ONII V if direct	Condidate/Offi		O#:				Office he	الما	
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	igni			Office he	eiu	
L	- p									
	Date	Payee name								
	06/05/2025	Texas Ethic	s Commission							
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	nde					
	\$500.00	201 E 14th		State, Zip Ce	Juc					
	Φ300.00	201 E 1401	St #10							
		Austin, TX 7	78701							
Г	PURPOSE	(a) Category	ee Categories listed at the top	of this schedule)	(b)	Description				
l	OF	Fees	ce eategories listed at the top	or triis scrieddie)	<b> `</b> ´		outsi	de of Texas. Com	plete Schedule T.	
l	EXPENDITURE	1 003				Check if Austin	, TX,	officeholder living	expense	
l						Filing correcti	ion	fee		
						-				
$\vdash$	Complete ONLY if direct	Candidata/Offi	ceholder name	Office sou	laht			Office he	ald.	
l	expenditure to benefit C/O		condider name	Office 500	ıgııı			Office He	Jiu	
L										
1										
ı										

#### 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

	Credit Card Payment		The Instruction Guide explains how to co	ompl	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME		3	F	iler ID	(Ethics Commission Filers)
	Sch: 12/12 Rpt: 34/77		Buckingham M.D., Dawn C. (The Honorable)			(	00069001	
4	Date	5	Payee name					
	06/05/2025		Thomas Graphics, Inc.					
6	Amount (\$)	7	Payee address; City; State; Zip C	ode				
	\$5,845.50		P.O. Box 142226					
			Austin, TX 78714-2226					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	``	Printing Expense	``	Check if travel outs	side	e of Texas. Com	plete Schedule T.
	EXPENDITURE				Check if Austin, TX			
					Campaign mate	eria	ais printing	tee
Ļ	Operation ONLY if the est	<u>L</u>	Office and the second of the s				Off 1-	-1-1
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office so	ugnt			Office he	eia
_		_						
	Date		Payee name					
	03/11/2025	L	Ultimate Toys					
	Amount (\$)		Payee address; City; State; Zip C	ode				
	\$174,991.00		8956 Glendale Milford Rd					
			Loveland , OH 45140					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE		Transportation Equipment And Related Expense		Check if travel outs			
			Ехрепзе		Campaign Van	, -		, - , -
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught			Office he	eld
	expenditure to benefit C/O	Н						
Г								

#### **EXPENDITURES MADE BY CREDIT CARD**

#### 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 (Ethic	s Commiss	sion Filers)	
	Sch: 1/41 Rpt: 35/77	Buckingham M.D.,	00069001						
4	CREDIT CARD ISSUER		ncial institution rest Credit Card	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$99.00	(b) Date of Charge 02/10/2025	(c) Date(s) 03/02/20	) Credit Card Issuei 25	r Paid			
7	PAYEE	(a) Payee name  Chase Southwest C	Credit Card	(b) Payee P.O. Box Wilmingt		City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Accounting/Banking	of this schedule)	(b) Descri		ard fee			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
<b>9</b> 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 01/21/2025	(c) Date(s) 02/02/20	) Credit Card Issuei 25	r Paid			
	PAYEE	(a) Payee name  X Corp		(b) Payee 865 FM 2 Building Bastrop.	1209	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description  X Premium monthly fee for campaign account					
	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 xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$8.64	(b) Date of Charge 02/21/2025	(c) Date(s) 03/02/20	) Credit Card Issuei 25	r Paid			
	PAYEE	(a) Payee name X Corp		(b) Payee 865 FM 1 Building Bastrop,	1209	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descri X Premiu	otion ım monthly fee fo	or campaign acc	count		
	Non-Political	1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

#### **EXPENDITURES MADE BY CREDIT CARD**

#### 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:	3 Filer ID (Ethics Comn	3 Filer ID (Ethics Commission Filers)									
Sch: 2/41 Rpt: 36/77	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 \$8.64	(b) Date of Charge 03/21/2025	(c) Date(s) Credit Card Issue 04/05/2025	er Paid							
7 PAYEE  8 PURPOSE OF	(a) Payee name  X Corp  (a) Category		(b) Payee address; 865 FM 1209 Building 2 Bastrop, TX 78602 (b) Description	City, State	e, Zip Code						
EXPENDITURE    X   Political	(See Categories listed at the top Advertising Expense	of this schedule)	X Premium monthly fee for	or campaign account							
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		, officeholder living expense							
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH	(a) Amazunt Chavarad	(h) Data of Charge	(a) Data(a) Cradit Cand Issue	u Daid							
PAYMENT	(a) Amount Charged \$8.64	(b) Date of Charge 04/21/2025	(c) Date(s) Credit Card Issue 04/27/2025	er Pald							
PAYEE	(a) Payee name  X Corp		(b) Payee address; 865 FM 1209 Building 2 Bastrop, TX 78602	City, State	e, Zip Code						
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description X Premium monthly fee for campaign account								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	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 \$8.64	(b) Date of Charge 05/21/2025	(c) Date(s) Credit Card Issue 06/08/2025	er Paid							
PAYEE	(a) Payee name  X Corp		(b) Payee address; 865 FM 1209 Building 2 Bastrop, TX 78602	City, State	e, Zip Code						
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description  X Premium monthly fee for	or campaign account							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	, officeholder living expense							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	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 Instr	uction Guide explains how	to complete thi	s form.		,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 3/41 Rpt: 37/77	Buckingham M.D., [	Dawn C. (The Honorab	le)		00069001		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$1,097.50	(b) Date of Charge 03/05/2025	(c) Date(s) C 04/05/2025	redit Card Issuer	Paid		
7 PAYEE	(a) Payee name  Progressive Insurar	nce	(b) Payee ad 6300 Wilso	n Mills Rd	City,	State,	Zip Code
	( ) -		Mayfield, O				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of Transportation Equipn Expense		(b) Description  Campaign van semi-annual insurar			e	
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<b>9</b> 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 01/01/2025	(c) Date(s) C 02/02/2025	redit Card Issuer	Paid		
PAYEE	(a) Payee name  Google			nitheatre Parkw		State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of Office Overhead/Rent		(b) Description	/iew, CA 94043 on email domain h			
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.	Γ	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 \$107.45	(b) Date of Charge 02/01/2025	(c) Date(s) C 03/02/2025	redit Card Issuer	Paid		
PAYEE	(a) Payee name Google			dress; nitheatre Parkw 'iew, CA 94043		State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top or Office Overhead/Rent		(b) Description  Campaign	on email domain h	nosting fee		
Non-Political	\(\frac{1}{2}\)   \(\frac{1}{2}\)	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 Öffice	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 (Ethi	ics Commiss	sion Filers)
	Sch: 4/41 Rpt: 38/77	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 \$107.45	(b) Date of Charge 03/01/2025	(c) Date(s) 04/05/20	) Credit Card Issuer 25	r Paid		
7	PAYEE	(a) Payee name Google			address; phitheatre Parkw n View, CA 94043	•	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip				
	Non-Political		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 \$110.91	(b) Date of Charge 04/01/2025	(c) Date(s) 04/27/20	) Credit Card Issuer 25	r Paid		
	PAYEE	(a) Payee name  Google			address; phitheatre Parkw n View, CA 94043		State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	pense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$125.36	(b) Date of Charge 05/01/2025	(c) Date(s) 06/08/20	) Credit Card Issuer 25	r Paid		
	PAYEE	(a) Payee name Google			address; phitheatre Parkw n View, CA 94043	•	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descrip Campaig	n email domain h			
_	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
е	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 this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comn	nission Filers)
Sch: 5/41 Rpt: 39/77	Buckingham M.D.,	Dawn C. (The Honorab	le)	00069001	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITATION OF THE CARD	\$	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$125.36	06/01/2025			
7 PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code
	Google		1600 Amphitheatre Park	way	
			Mountain View, CA 9404	.3	
8 PURPOSE OF	(a) Category	-f. Abrica - ale - ale da )	(b) Description		
EXPENDITURE 	(See Categories listed at the top Office Overhead/Rent		Campaign email domain	hosting fee	
X Political					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	K, 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 Issue	er Paid	
	\$10.80	01/13/2025	02/02/2025		
PAYEE	(a) Payee name	L	(b) Payee address;	City, State	e, Zip Code
			One Microsoft Way		
			Redmond, WA 98052		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Campaign subscription service		
X Political	Office Overhead/Rent	tai Expense			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged \$10.80	(b) Date of Charge 02/13/2025	(c) Date(s) Credit Card Issue 03/02/2025	er Paid	
PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code
			One Microsoft Way		
	Microsoft Corporati	on			
			Redmond, WA 98052		
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description		
EXPENDITURE	Office Overhead/Rent	,	Campaign subscription service		
X Political		· 			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		K, officeholder living expense	
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

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: 6/41 Rpt: 40/77	Buckingham M.D.,	Dawn C. (The Honorab	le)		00069001		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$14.06	(b) Date of Charge 03/13/2025	(c) Date(s) 04/05/20	Credit Card Issuei 25	r Paid		
7 PAYEE	(a) Payee name  Microsoft Corporati	on		osoft Way	City,	State,	Zip Code
A PURPOSE OF	(a) Category		(b) Descrip	d, WA 98052			
8 PURPOSE OF EXPENDITURE  X Political	(See Category Office Overhead/Rent			n subscription se	ervice		
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 \$14.06	(b) Date of Charge 04/13/2025	(c) Date(s) 04/27/20	Credit Card Issuer 25	r Paid		
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	Microsoft Corporation		One Micr	osoft Way			
				d, WA 98052			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	otion n subscription se	ervice		
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	<u> </u>	e sought		Office held		
PAYMENT	(a) Amount Charged \$14.06	(b) Date of Charge 05/13/2025	(c) Date(s) 06/08/20	Credit Card Issuer 25	r Paid		
PAYEE	(a) Payee name  Microsoft Corporati	Microsoft Corporation		address; osoft Way d, WA 98052	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Campaig	otion n subscription se	ervice		
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		
						-	

## 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	his form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)
	Sch: 7/41 Rpt: 41/77	Buckingham M.D.,	Dawn C. (The Honorab	le)		00069001		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$14.06	(b) Date of Charge 06/13/2025	(c) Date(s)	Credit Card Issue	r Paid		
7	PAYEE	Microsoft Corporation One			address; osoft Way I, WA 98052	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip		ervice		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
<b>9</b> е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$91.51	(b) Date of Charge 01/22/2025	02/02/20		r Paid		
	PAYEE	(a) Payee name		(b) Payee 208 S Ak Dallas, T	ard St	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip		onthly fee		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$91.51	(b) Date of Charge 02/23/2025	(c) Date(s) 03/02/20	Credit Card Issue 25	r Paid		
	PAYEE	(a) Payee name		(b) Payee 208 S Ak Dallas, T	ard St	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political Non-Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descrip Campaig	n wifi hotspot mo		200000	
	Ш	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Candidate/Officeholder name Office sought Office held						
е	Complete ONLY if direct xpenditure to benefit C/OH	Janaraate/Officeriolder	Tianic Office	. sougnt		Onice nelu		

## 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 fo	orm.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)
Sch: 8/41 Rpt: 42/77	Buckingham M.D.,	Dawn C. (The Honorab	le)		00069001		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF L EXPENDITU CHARGED 1 CARD		\$		
6 PAYMENT	(a) Amount Charged \$91.56	(b) Date of Charge 03/22/2025	(c) Date(s) Cred 04/05/2025	lit Card Issuer	Paid		
7 PAYEE	(a) Payee name AT&T		(b) Payee address 208 S Akard S Dallas, TX 75	St	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Campaign wif		nthly fee		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		neck if Austin, TX,	officeholder living exp	ense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held		
PAYMENT	(a) Amount Charged \$91.56	(b) Date of Charge 04/22/2025	(c) Date(s) Cred 04/27/2025	lit Card Issuer	Paid		
PAYEE			(b) Payee address 208 S Akard S Dallas, TX 75	St	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.		neck 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 \$487.11	(b) Date of Charge 05/13/2025	(c) Date(s) Cred 06/08/2025	lit Card Issuer	Paid		
PAYEE	(a) Payee name AT&T		(b) Payee addre 208 S Akard S Dallas, TX 75	St	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign wif	i hotspot mo	nthly fee		
Non-Political	`	of Texas. Complete Schedule T.		neck if Austin, TX,	officeholder living exp	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 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 9/41 Rpt: 43/77	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 \$91.56	(b) Date of Charge 05/22/2025	(c) Date(s) Credit Card Issuel 06/08/2025	r Paid		
7 PAYEE	(a) Payee name		(b) Payee address; 208 S Akard St	City,	State,	Zip Code
			Dallas, TX 75202			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign wifi hotspot mo	onthly fee		
Non-Political	(c) Check if travel outside				ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$239.18	(b) Date of Charge 06/22/2025	(c) Date(s) Credit Card Issue	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	AT&T		208 S Akard St			
			Dallas, TX 75202			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign wifi hotspot mo	onthly fee		
Non-Political	(2) 🗖 (2) + (3) + (4)	(7. 0. 1. 0. 1. 7.		· · · · · · · · · · · · · · · · · · ·		
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$25.53	(b) Date of Charge 01/06/2025	(c) Date(s) Credit Card Issuel 02/02/2025	r Paid		
PAYEE	(a) Payee name Whitepages		(b) Payee address; 1301 5th Avenue, Suite 10 Seattle, WA 98101	City, 600	State,	Zip Code
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.	<u> </u>	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 11 11 11 11 11 11 11 11 11 11 11 11 1	,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Com	mission Filers)
Sch: 10/41 Rpt: 44/77	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 \$25.53	(b) Date of Charge 02/06/2025	(c) Date(s) Credit Card Issue 03/02/2025	er Paid	
7 PAYEE	(a) Payee name Whitepages		(b) Payee address; 1301 5th Avenue, Suite 1 Seattle, WA 98101	City, Stat 1600	e, Zip Code
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Campaign monthly subsc	cription fee	
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin			, 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 \$25.53	(b) Date of Charge 03/06/2025	(c) Date(s) Credit Card Issue 04/05/2025	er Paid	
PAYEE	(a) Payee name		(b) Payee address;	City, Stat	e, Zip Code
	` ' '		1301 5th Avenue, Suite 1	L600	
			Seattle, WA 98101		
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign monthly subsc	cription fee	
Non-Political	(a) Chaple if traval autaids	of Toyon Complete Cohodule T	Chook if Austin TV	officeholder living evenes	
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Office held	
expenditure to benefit C/OH	Garadate/Oniceriolaer	That of the	Sought	Cinice field	
PAYMENT	(a) Amount Charged \$25.53	(b) Date of Charge 04/06/2025	(c) Date(s) Credit Card Issue 04/27/2025	er Paid	
PAYEE	(a) Payee name Whitepages		(b) Payee address; 1301 5th Avenue, Suite 1 Seattle, WA 98101	City, Stat L600	e, Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(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	
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: 11/41 Rpt: 45/77	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 \$25.53	(b) Date of Charge 05/06/2025	(c) Date(s) Credit Card Issue 06/08/2025	r Paid		
7 PAYEE	(a) Payee name Whitepages		(b) Payee address; 1301 5th Avenue, Suite 1	•	State,	Zip Code
	( ) 6 :		Seattle, WA 98101			
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	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	е	
<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 \$25.53	(b) Date of Charge 06/06/2025	(c) Date(s) Credit Card Issue	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			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 expens	e	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	Office held		
PAYMENT	(a) Amount Charged \$437.06	(b) Date of Charge 01/14/2025	(c) Date(s) Credit Card Issue 02/02/2025	r Paid		
PAYEE	(a) Payee name Mailchimp	1	(b) Payee address; 675 Ponce de Leon Ave N Suite 5000 Atlanta, GA 30308	•	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	(See Categories listed at the top of this schedule)				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	e	
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 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 12/41 Rpt: 46/77	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	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$437.06	02/14/2025	03/02/2025				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	Mailchimp	Mailchimp St At		675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308			
8 PURPOSE OF	(a) Category						
EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)	Email Marketing				
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 \$437.06	(b) Date of Charge 03/14/2025	(c) Date(s) Credit Card Issue 04/05/2025	er Paid			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Mailchimp		675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)	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	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$437.06	(b) Date of Charge 04/14/2025	(c) Date(s) Credit Card Issue 04/27/2025	er Paid			
PAYEE	(a) Payee name	I .	(b) Payee address;	City, State, Zip Code			
	AA Tabia		675 Ponce de Leon Ave I	NE			
	Mailchimp		Suite 5000				
			Atlanta, GA 30308				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Advertising Expense	of this schedule)	Email Marketing				
X Political							
Non-Political	(1)	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 Insti	ruction Guide explains how	to complete this form.		•		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission	Filers)		
Sch: 13/41 Rpt: 47/77		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 05/14/2025	(c) Date(s) Credit Card Issue 06/08/2025	r Paid			
7 PAYEE  8 PURPOSE OF	(a) Payee name  Mailchimp  (a) Category	Mailchimp (a) Category (b)		(b) Payee address; City, State, Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 (b) Description			
EXPENDITURE    X   Political	(See Categories listed at the top Advertising Expense	of this schedule)	Email Marketing				
Non-Political	`	of Texas. Complete Schedule T.	<b>_</b>	officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$437.06	(b) Date of Charge 06/14/2025	(c) Date(s) Credit Card Issue	r Paid			
PAYEE	(a) Payee name  Mailchimp		(b) Payee address; 675 Ponce de Leon Ave N Suite 5000 Atlanta, GA 30308	•	ip 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			
PAYMENT	(a) Amount Charged \$12.95	(b) Date of Charge 01/17/2025	(c) Date(s) Credit Card Issue 02/02/2025	r Paid			
PAYEE	(a) Payee name Canva	1	(b) Payee address; 110 Kippax St Sydney NSW 2010 Austra		ip Code		
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	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	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 Comm	ission Filers)	
Sch: 14/41 Rpt: 48/77	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	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$12.95	02/17/2025	03/02/2025			
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State	, Zip Code	
	Canva		110 Kippax St			
			Sydney NSW 2010 Austr	alia		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description			
X Political	Office Overhead/Ren	•	Campaign monthly subsc	cription fee		
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	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$12.95	03/17/2025	04/05/2025			
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code	
	Canva			110 Kippax St		
			Sydney NSW 2010 Austr	alia		
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description			
EXPENDITURE	Office Overhead/Ren		Campaign monthly subscription fee			
X Political						
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 Offic	e sought	Office held		
expenditure to benefit C/OH			_			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 06/08/2025	er Paid		
	\$12.95	05/17/2025	00/00/2023			
PAYEE	(a) Payee name	•	(b) Payee address;	City, State	, Zip Code	
	0		110 Kippax St			
	Canva					
			Sydney NSW 2010 Austr	alia		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description			
	Office Overhead/Ren	•	Campaign monthly subso	cription fee		
X Political						
Non-Political	\(\frac{1}{2} \)	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 Insti	ruction Guide explains how	to complete thi	is form.		,	,		
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)		
Sch: 15/41 Rpt: 49/77	Buckingham M.D.,	Dawn C. (The Honorab	le)		00069001				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid				
	\$12.95	06/17/2025							
7 PAYEE	(a) Payee name  Canva		(b) Payee ac		City,	State,	Zip Code		
			<u> </u>	SW 2010 Austra	alia				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description  Campaign	on monthly subsci	cription fee				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	X, officeholder living expense				
Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH					Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid				
	\$463.00	01/22/2025	02/02/2025						
PAYEE	(a) Payee name	ree name (b) Payee address;			City,	State,	Zip Code		
	Canva		110 Kippax	< St					
			Sydney NS	SW 2010 Austra	alia				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign monthly subscription fee						
X Political	Office Overflead/Nem	ai Expense							
Non-Political	_ · · _	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 \$12.95	(b) Date of Charge 04/17/2025	(c) Date(s) C 04/27/2025	Credit Card Issue 5	r Paid				
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code		
	Canva		110 Kippax	k St					
	Canva		Sydney NS	SW 2010 Austra	ulia				
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	RE (See Categories listed at the top of this schedule) Campaign monthly sub			ription fee					
X Political	Office Overhead/Rental Expense								
Non-Political	itical (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, 1				officeholder living exp	ense			
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 th	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 16/41 Rpt: 50/77	Buckingham M.D.,	Dawn C. (The Honorab	le)		00069001			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid			
		\$59.50	06/27/2025						
7	PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code	
		Canva		110 Kippa	x St				
				Svdnev NS	SW 2010 Austra	alia			
8	PURPOSE OF	(a) Category		(b) Descript					
	EXPENDITURE	(See Categories listed at the top		Campaign	monthly subscr	ription fee			
	X Political	Office Overhead/Rent	tal Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	9 Complete ONLY if direct Candidate/Officeholder name Office			e sought		Office held			
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid			
		\$8.64	06/21/2025						
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
				865 FM 12	209				
		X Corp		Building 2					
				Bastrop, T	X 78602				
	PURPOSE OF	(a) Category	-f.4b-i	(b) Description					
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	X Premium monthly fee for campaign account					
	X Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
l	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) ( 02/02/202	Credit Card Issuer	r Paid			
		\$17.04	01/19/2025	02/02/202	5				
L	PAYEE	(a) Payee name		(b) Payee a	ddress.	City,	State,	Zip Code	
l		(a) I ayee hame			en Boulevard	Oity,	Otato,	Zip Couc	
		Zoom Video Comm	unications,	6th Floor	en boulevaru				
				San Jose,	CA 05113				
$\vdash$	PURPOSE OF	(a) Category		(b) Descript					
	EXPENDITURE (a) Category  (See Categories listed at the top of this schedule)		,	. ,	monthly subscr	ription fee			
	X Political	Office Overhead/Rent	tal Expense		,				
	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			ule T. Check if Austin, TX, officeholder living expense				
Г	Complete ONLY if direct Candidate/Officeholder name			e sought	<del>_</del>	Office held			
е	xpenditure 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeriolder/Folitica	3	ruction Guide explains how	ŭ	THEN (enter a category in	iot iisteu ai	bove)
1	Total pages Schedule F4:		·	<u> </u>	3 Filer ID (Ethics	Commiss	sion Filers)
	Sch: 17/41 Rpt: 51/77		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 02/19/2025	(c) Date(s) Credit Card Issuer 03/02/2025	<sup>-</sup> Paid		
8	PURPOSE OF	(a) Payee name  Zoom Video Comm  (a) Category	unications,	(b) Payee address; 55 Almaden Boulevard 6th Floor San Jose, CA 95113 (b) Description	City,	State,	Zip Code
°	EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Campaign monthly subscr	ription fee		
	Non-Political	(c) Constitution states on total compact constants.			officeholder living expens	se	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
е	xpenditure to benefit C/OH	( ) 1	[ (1) D ( ) (0)	1() 5 : () 6 : 11: 6 : 11	B : 1		
	PAYMENT	(a) Amount Charged \$17.04	(b) Date of Charge 03/19/2025	(c) Date(s) Credit Card Issuer 04/05/2025	Paid		
	PAYEE (a) Payee name  Zoom Video Communications,		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/Rent		(b) Description Campaign monthly subscr	ription fee		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se	
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$170.46	(b) Date of Charge 04/13/2025	(c) Date(s) Credit Card Issuer 04/27/2025	<sup>,</sup> Paid		
	PAYEE	ZAYEE (a) Payee name  Zoom Video Communications,		(b) Payee address; 55 Almaden Boulevard 6th Floor San Jose, CA 95113	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign monthly subscr	ription fee		
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			<u> </u>	officeholder living expen-	se	
е	Complete ONLY if direct xpenditure to benefit C/OH	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

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	cs Commis	sion Filers)
	Sch: 18/41 Rpt: 52/77	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 \$17.04	(b) Date of Charge 04/19/2025	(c) Date(s) 04/27/20	) Credit Card Issuei 125	r Paid		
7	PAYEE	(a) Payee name  Zoom Video Comm	unications,	6th Floor San Jose	den Boulevard e, CA 95113	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri	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	ense	
9 Complete ONLY if direct   Candidate/Officeholder name   Office sought   expenditure to benefit C/OH					Office held			
	PAYMENT	(a) Amount Charged \$17.04	(b) Date of Charge 05/19/2025	(c) Date(s) 06/08/20	) Credit Card Issuer 125	r Paid		
	PAYEE	(a) Payee name  Zoom Video Communications,		6th Floor	den Boulevard	City,	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		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$18.11	(b) Date of Charge 06/19/2025	(c) Date(s)	) Credit Card Issuer	Paid		
	PAYEE	(a) Payee name  Zoom Video Communications,		6th Floor	den Boulevard	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		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	ense	
e	Complete <u>ONLY</u> if direct xpenditure 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 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 19/41 Rpt: 53/77	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	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$108.86	06/30/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Belleau Technologi	es LLC	3850 Hudson Manor Ter Apt Lbe Bronx, NY 10463-1149					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Campaign monthly subsc	ription fee				
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 O						
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$108.86	06/30/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Dellas v Tashnalasi	22110	3850 Hudson Manor Ter					
	Belleau Technologi	es LLC	Apt Lbe					
			Bronx, NY 10463-1149					
PURPOSE OF	(a) Category	of this sahadula)	(b) Description					
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 expense				
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	r Paid				
	\$237.32	01/07/2025	02/02/2025					
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code				
	Carrela Olivia		4970 US-290					
	Sam's Club							
			Austin, TX 78735					
PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Description					
EXPENDITURE	Office Overhead/Rent		Office supplies for candid	ate/office holder				
X Political	Political Strong							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	tin, TX, officeholder living expense				
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 Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)				
	Sch: 20/41 Rpt: 54/77	Buckingham M.D.,	Dawn C. (The Honorab	ole)		00069001						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$						
6	PAYMENT	(a) Amount Charged \$85.36	(b) Date of Charge 01/23/2025	(c) Date(s) 0 03/02/202	Credit Card Issue 5	r Paid						
7	PAYEE	(a) Payee name Sam's Club		(b) Payee a 4970 US-2 Austin, TX	290	City,	State,	Zip Code				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descript	ion	date/office holder						
	Non-Political	( )	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense					
9 Complete ONLY if direct candidate/Officeholder name office sought expenditure to benefit C/OH				Office held								
	PAYMENT	(a) Amount Charged \$82.92	(b) Date of Charge 02/24/2025	03/02/202		r Paid						
	PAYEE	(a) Payee name Amazon	P.O. Box 81226		City,	State,	Zip Code					
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Seattle, WA 98108  (b) Description  Office supplies for candidate/office holder								
	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	name Office	e sought		Office held						
	PAYMENT	(a) Amount Charged \$189.96	(b) Date of Charge 02/24/2025	(c) Date(s) 0 03/02/202	Credit Card Issue 5	r Paid						
	PAYEE	(a) Payee name Amazon		(b) Payee a P.O. Box 8 Seattle, W	31226	City,	State,	Zip Code				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	' I Office Supplies for Carior			r					
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin				Check if Austin, TX,	officeholder living expe	ense					
Complete ONLY if direct candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						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

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 Commissio	n Filers)			
Sch: 21/41 Rpt: 55/77	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	<b> \$</b>				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$40.01	02/24/2025	03/02/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Amazon		P.O. Box 81226					
	() 2 :		Seattle, WA 98108					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	lata/office holder				
X Political	Office Overhead/Rent	•	Office supplies for candid	late/office flolder				
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 \$5.00	(b) Date of Charge 02/25/2025	(c) Date(s) Credit Card Issue 04/05/2025	er Paid				
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 Office Overhead/Rent		(b) Description Office supplies for candidate/office holder					
X Political								
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 \$99.04	(b) Date of Charge 03/01/2025	(c) Date(s) Credit Card Issue 04/05/2025	er Paid				
PAYEE	(a) Payee name	I	(b) Payee address;	City, State,	Zip Code			
			P.O. Box 81226					
	Amazon							
			Seattle, WA 98108					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Office Overhead/Rent	,	Office supplies for candid	late/office holder				
X Political								
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.	<u> </u>					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	Office sought Office held					
ı								

## 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:	2 FILER NAME			3 Filer ID (Ethics Cor	nmission Filers)						
Sch: 22/41 Rpt: 56/77	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 \$128.82	(b) Date of Charge 04/16/2025	(c) Date(s) Credit Card Issue 04/27/2025	er Paid							
7 PAYEE	(a) Payee name  Amazon		(b) Payee address; P.O. Box 81226	City, Sta	ate, Zip Code						
0. BUBBOOF OF	(a) Catagoni		Seattle, WA 98108								
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Office supplies for candid	late/office holder							
Non-Political	(1)	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			_								
PAYMENT	(a) Amount Charged \$103.93	(b) Date of Charge 04/16/2025	(c) Date(s) Credit Card Issue 04/27/2025	er Paid							
PAYEE	(a) Payee name	•	(b) Payee address;	City, Sta	ate, Zip Code						
	Amazon		P.O. Box 81226								
			Seattle, WA 98108								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Office supplies for candidate/office holder								
X Political	L. —										
Non-Political	1 · / <b>-</b>	of Texas. Complete Schedule T.		, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			e sought	Office held							
PAYMENT	(a) Amount Charged \$43.29	(b) Date of Charge 05/21/2025	(c) Date(s) Credit Card Issue 06/08/2025	er Paid							
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Co P.O. Box 81226 Seattle, WA 98108								
PURPOSE OF EXPENDITURE  X Political	See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies for candidate/office holder								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	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 th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 23/41 Rpt: 57/77	Buckingham M.D.,	Dawn C. (The Honorab	le)		00069001		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$34.09	(b) Date of Charge 05/21/2025	(c) Date(s) 0 06/08/202	Credit Card Issuer 5	Paid		
7 PAYEE	(a) Payee name Amazon		(b) Payee a P.O. Box 8 Seattle, W	31226	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office supplies for candidate/office h				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$30.84	(b) Date of Charge 05/21/2025	(c) Date(s) ( 06/08/202	Credit Card Issuer 5	<sup>•</sup> Paid		
PAYEE	(a) Payee name  Amazon		(b) Payee a P.O. Box 8 Seattle, W	31226	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office supplies for candidate/office holder				
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	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$373.45	(b) Date of Charge 05/22/2025	(c) Date(s) ( 06/08/202	Credit Card Issuer 5	<sup>-</sup> Paid		
PAYEE	(a) Payee name Amazon		(b) Payee a P.O. Box 8	31226	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tal Expense	(b) Descript		ate/office holder		
Non-Political  Complete ONLY if direct expenditure to benefit C/OH  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Office s				Check if Austin, TX,	officeholder living expe	nse	

## 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 (Ethi	cs Commiss	sion Filers)
Sch: 24/41 Rpt: 58/77	Buckingham M.D.,	Dawn C. (The Honorab	ole)		00069001		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	r Paid		
	\$34.82	06/05/2025					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Amazon		P.O. Box 8				
	(a) Catamani		Seattle, W				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript		oto/office bolde	or.	
X Political	Office Overhead/Ren		Office Sup	plies for candida	ate/office floide	<b>5</b> 1	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
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 Issue	r Paid		
	\$66.02	06/05/2025					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Amazon		P.O. Box 8	31226			
			Seattle, W	'A 98108			
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Reni		Office supplies for candidate/office holder				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>'</u> г	Check if Austin, TX,	officeholder living exp	oense	
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 Issue	r Paid		
	\$155.33	06/18/2025					
PAYEE	(a) Payee name	I .	(b) Payee a	ddress;	City,	State,	Zip Code
			P.O. Box 8	31226			
	Amazon						
			Seattle, W	'A 98108			
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	,	Office sup	plies for candida	ate/office holde	er	
X Political	X Political Since Overnead/Kental Expense						
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				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

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	Commis	sion Filers)
	Sch: 25/41 Rpt: 59/77	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 \$59.52	(b) Date of Charge 04/17/2025	04/27/20		Paid		
7	PAYEE	(a) Payee name  The Home Depot			nch Road 620 S	City,	State,	Zip Code
Ļ	DUDDOCE OF	(a) Category		(b) Descri	e, TX 78738			
8	PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Reni		1 ` '	pplies for candida	ate/office holder		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exper	ise	
<b>9</b>	9 Complete ONLY if direct candidate/Officeholder name Office sought capenditure to benefit C/OH					Office held		
	PAYMENT	(a) Amount Charged \$243.44	(b) Date of Charge 05/16/2025	(c) Date(s) 06/08/20	) Credit Card Issuei 125	Paid		
	PAYEE	(a) Payee name  Apple Store		(b) Payee 2901 S C Austin, T	Capital of Texas H	City, Iwy	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri		ate/office holder		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exper	ıse	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$54.13	(b) Date of Charge 05/16/2025	(c) Date(s) 06/08/20	) Credit Card Issuer 025	Paid		
	PAYEE	(a) Payee name  Whole Earth Provis	ion Co.	(b) Payee address; 1014 N Lamar Blvd Austin, TX 78703		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office supplies for candid		ate/office holder		
L	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, off				officeholder living exper	ise	
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
			<u> </u>					

## 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 th	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)	
Sch: 26/41 Rpt: 60/77	Buckingham M.D.,	Dawn C. (The Honorab	ole)		00069001			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
	\$29.22	06/25/2025						
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code	
	Breed & Company		718 W 29tl					
			Austin, TX					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti		-+-/- <b>ff</b> :   - -	_		
X Political	Office Overhead/Rent		Office supp	olies for candida	ate/office noide	[		
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	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid			
	\$8.11	05/16/2025	06/08/202	5				
PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code	
	AutoZone		225 W Wh	itestone Blvd				
			Cedar Parl	k, TX 78613				
PURPOSE OF	(a) Category	-6 Al-i l I \	(b) Descripti					
EXPENDITURE	(See Categories listed at the top Transportation Equipr		Campaign van maintenance parts					
X Political	Expense							
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 Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid			
	\$58.39	05/16/2025	06/08/202	0				
PAYEE	(a) Payee name	1	(b) Payee ac	ddress;	City,	State,	Zip Code	
			225 W Wh	itestone Blvd				
	AutoZone							
			Cedar Parl	k, TX 78613				
PURPOSE OF				on				
EXPENDITURE 	(See Categories listed at the top of this schedule)  Transportation Equipment And Related			Campaign van maintenance parts				
X Political	Political Expense							
Non-Political	n-Political (c) Check if travel outside of Texas. Complete Schedule T			chedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct					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

l		The Instr	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
l	Sch: 27/41 Rpt: 61/77	Buckingham M.D.,	Dawn C. (The Honorab	le)		00069001		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
		\$23.80	05/29/2025					
7	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
		Advance Auto Parts	S	3110 S La	mar Blvd			
L				Austin, TX				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti				
		Transportation Equipr		Campaign van maintenance parts				
	X Political	Expense						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
				e sought		Office held		
E	expenditure to benefit C/OH		I	1				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0 06/08/2029	Credit Card Issuei 5	r Paid		
		\$86.64	05/09/2025	00/00/2023	5			
	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
		Liber Technologies		1455 Mark	et St			
		Uber Technologies		Ste 400				
L					isco, CA 94103			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description  Transportation for candidate/office holder to campaign even				
	X Political	Travel In District		Transporta	ition for candida	ate/office noide	r to camp	oaign even
	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 Office	e sought		Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$268.49	(b) Date of Charge 05/09/2025	(c) Date(s) C 06/08/202	Credit Card Issuei 5	r Paid		
	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
		Enterprise		7909 Karl I	Мау			
		Enterprise						
L				Waco, TX				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti		-+-/-ff: ll-l-		
	X Political	Travel In District		event	ation for candida	ate/onice noide	r ior cam	ıpaıgrı
	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 Office	e sought		Office held		
E	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 forr	m.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 28/41 Rpt: 62/77	Buckingham M.D.,	Dawn C. (The Honorab	ole)		00069001		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	ES	\$		
6 PAYMENT	(a) Amount Charged \$187.82	(b) Date of Charge 03/01/2025	(c) Date(s) Credit 04/05/2025	Card Issuer	Paid		
7 PAYEE	(a) Payee name  Westin Riverwalk		(b) Payee address 420 W Market S San Antonio, TX	St	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Lodging for can	npaign staff	for campaign	event	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	ck if Austin, TX, o	officeholder living exp	ense	
<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 \$88.39	(b) Date of Charge 04/17/2025	(c) Date(s) Credit 04/27/2025	Card Issuer	Paid		
PAYEE	(a) Payee name H2O Car Wash		(b) Payee address 4400 Menchaca Austin, TX 7870	a	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Car wash for ca		n		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	ck if Austin, TX, c	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$11,294.63	(b) Date of Charge 04/15/2025	(c) Date(s) Credit 04/27/2025	Card Issuer	Paid		
PAYEE	(a) Payee name  Travis County Tax	Assessor-	(b) Payee address 2433 Ridgepoir Austin, TX 7875	nt Drive Blvo	City, d	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Transportation Equipr Expense	ment And Related	(b) Description Taxes on camp				
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	e sought	ck if Austin, TX, c	officeholder living exp	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 Inst	ruction Guide explains how	to complete thi	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 29/41 Rpt: 63/77	Buckingham M.D.,	Dawn C. (The Honorab	le)		00069001		
4	CREDIT CARD ISSUER	1	ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$719.51	(b) Date of Charge 02/27/2025	(c) Date(s) C 04/05/2025	Credit Card Issuer 5	Paid		
7	PAYEE	(a) Payee name  Texas General Lan	d Office	(b) Payee ac	ress Ave	City,	State,	Zip Code
Ļ		(a) Oatawari		Austin, TX				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description  Map purch	on ases for constit	uent gifts		
	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		
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$903.95	(b) Date of Charge 04/03/2025	(c) Date(s) C 04/27/2025	Credit Card Issuer 5	Paid		
	PAYEE (a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code	
		Dulles Executive Sedan Services,			w Rd #112			
L	DUDDOCE OF	(a) Category		Sterling, V				
	PURPOSE OF EXPENDITURE    X   Political	(See Categories listed at the top Travel Out of District	of this schedule)	(b) Description  Transportation 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 exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
	expenditure to benefit C/OH			· ·				
	PAYMENT	(a) Amount Charged \$277.12	(b) Date of Charge 06/27/2025	(c) Date(s) C	Credit Card Issuer	Paid		
	PAYEE	(a) Payee name  Elgin Flower Shop		(b) Payee ac 106 Depot Suite B Elgin, TX 7	Street	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	,	(b) Description Flowers for constituent funeral				
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
6	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 -

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/Officeholder/Politica	· ·			THER (enter a category not list	ed above)		
		ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Com	mission Filers)		
Sch: 30/41 Rpt: 64/77	Buckingham M.D.,	Dawn C. (The Honorab	ole)	00069001			
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED	_			
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDIT	\$			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$277.12	06/27/2025					
	ΨΕΙΙΙΣ	00/21/2020					
7 PAYEE	(a) Payee name		(b) Payee address;	City, Stat	e, Zip Code		
			106 Depot Street	•	•		
	Elgin Flower Shop		Suite B				
			Elgin, TX 78621				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Flowers for constituent fur	neral			
X Political	Gift/Awards/Memorial	s Expense					
Non-Political		of Texas. Complete Schedule T.	<u> </u>	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH			1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 04/05/2025	r Paid			
	\$258.75	02/27/2025	04/05/2025				
PAYEE	(a) Payee name		(b) Payee address;	City, Stat	e, Zip Code		
	Manage Bartani	0	PO Box 54089				
	Women's Protective	e Services					
			Lubbock, TX 79453				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Donation in lieu of flowers for constituent funeral				
X Political	Ont/Awards/Wemonar	3 Expense					
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 Offic	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			
	\$205.20	03/18/2025	04/05/2025				
	7200.20	00,10,1010					
PAYEE	(a) Payee name	l	(b) Payee address;	City, Stat	e, Zip Code		
	, , ,		919 Eureka St				
	Grace House Minis	tries					
			Weatherford, TX 76086				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	*	Donation in lieu of flowers	for constituent fune	al		
X Political	Gift/Awards/Memorial	s Expense					
Non-Political	(a) Chook if traval autoid-	of Texas. Complete Schedule T.	Chapte if Augric TV	officeholder living synans -			
<u> </u>	(c) Check if travel outside Candidate/Officeholder		e sought	officeholder living expense Office held			
Complete ONLY if direct expenditure to benefit C/OH	Sandidate/Onicendider	name Oille	o sought	Office field			
experience to belieff 6/011							
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

	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: 31/41 Rpt: 65/77	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	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$205.00	03/18/2025	04/05/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Blooms Today		13575 Wellington Ctr Cir				
			Gainesville, VA 20155				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Gift/Awards/Memorial		Donation in lieu of flowers	s for constituent funeral			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
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 Issue	er Paid			
	\$59.50	06/28/2025					
PAYEE (a) Payee name		(b) Payee address;	City, State, Zip Code				
	Canva		110 Kippax St				
			Sydney NSW 2010 Austr	alia			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Campaign monthly subscription fee				
X Political	omec overnead/rem	tai Expense					
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 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			
	\$29.22	06/25/2025					
PAYEE	(a) Payee name	ı	(b) Payee address;	City, State, Zip Code			
			718 W 29th St				
	Breed & Company						
			Austin, TX 78705				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	,	Office supplies for candid	late/office holder			
X Political							
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 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: 32/41 Rpt: 66/77	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 \$108.80	(b) Date of Charge 04/11/2025	(c) Date(s) Credit Card Issuel 04/27/2025	Paid			
7 PAYEE	(a) Payee name The Alamo		(b) Payee address; 300 Alamo Plaza San Antonio, TX 78205	City, State, Zip Code			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Gift for constituent from ca	andidate/office holder			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Offi			e sought	Office held			
PAYMENT	(a) Amount Charged \$54.95	(b) Date of Charge 01/06/2025	(c) Date(s) Credit Card Issuer 02/02/2025	r Paid			
PAYEE	(a) Payee name The Alamo		(b) Payee address; 300 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	s Expense	(b) Description Gift for constituent from candidate/office holder				
Non-Political	· · · —	of Texas. Complete Schedule T.	<b>_</b>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$50.79	(b) Date of Charge 01/17/2025	(c) Date(s) Credit Card Issuer 02/02/2025	r Paid			
PAYEE	(a) Payee name The Alamo		(b) Payee address; 300 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 Gift for constituent from ca	andidate/office holder			
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Travel in District
Travel Out of District
OTHER (enter a category

Candidate/Officeriolide//Folitic		ruction Guide explains how	· ·	TIEN (enter a category not listed above)			
1 Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics Commission Filers)			
Sch: 33/41 Rpt: 67/77		Dawn C. (The Honorab	ole)	00069001			
4 CREDIT CARD ISSUER	Name of finan	-	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$48.00	(b) Date of Charge 01/22/2025	(c) Date(s) Credit Card Issuer 02/02/2025	Paid			
7 PAYEE	(a) Payee name  Austin Republican V	Vomen	(b) Payee address; 6303 Southern Hills Place	City, State, Zip Code			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of Event Expense	of this schedule)	Austin, TX 78746 (b) Description Campaign event luncheor	n for candidate/office holder			
Non-Political	(c) Check if travel outside of	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 Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 02/06/2025	(c) Date(s) Credit Card Issuer 03/02/2025	Paid			
PAYEE	(a) Payee name  Houston Livestock Show and		(b) Payee address; NRG Center 3 NRG Park Houston, TX 77054	City, State, Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of Fees	of this schedule)	(b) Description Membership fee for candidate/office holder				
Non-Political	(c) Check if travel outside of	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 \$1,000.00	(b) Date of Charge 03/31/2025	(c) Date(s) Credit Card Issuer 04/27/2025	· Paid			
PAYEE	(a) Payee name  True Texas Project		(b) Payee address; 1220-G Airport Freeway #602 Bedford, TX 76022	City, State, Zip Code			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top of Contributions/Donation Candidate/Officeholde	ns Made By	(b) Description Event sponsorship by can	didate/office holder			
Non-Political	1 (1) <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 page	s Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
Sch: 34/4	1 Rpt: 68/77	Buckingham M.D.,	Dawn C. (The Honorab	ole)		00069001		
4 CREDIT C. ISSUER	ARD		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	7	(a) Amount Charged \$36.29	(b) Date of Charge 02/24/2025	(c) Date(s) 03/02/20	) Credit Card Issuer 125	r Paid		
7 PAYEE		(a) Payee name HEB			nch Rd 620 S,	City,	State,	Zip Code
0 PURPOST	. 05	(a) Category		(b) Descri	r, TX 78738			
8 PURPOSE EXPENDIT	TURE	(See Categories listed at the top Food/Beverage Expe		1 ` ′	candidate/office I	holder		
Non-F	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 sou			e sought		Office held			
	o benefit C/OH							
PAYMENT	7	(a) Amount Charged \$36.29	(b) Date of Charge 03/16/2025	(c) Date(s) 04/05/20	) Credit Card Issuer 125	r Paid		
PAYEE		(a) Payee name  HEB		(b) Payee 2000 Ra	address; nch Rd 620 S,	City,	State,	Zip Code
				Lakeway	, TX 78738			
PURPOSE EXPENDIT	TURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip Food for	otion candidate/office I	holder		
Non-F	Political	(c) Check if travel outside	of Texas. Complete Schedule T.	· I	Check if Austin, TX,	officeholder living exp	ense	
•	ONLY if direct o benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	7	(a) Amount Charged \$16.96	(b) Date of Charge 04/11/2025	(c) Date(s) 04/27/20	) Credit Card Issuer 125	r Paid		
PAYEE		(a) Payee name HEB			address; nch Rd 620 S, r, TX 78738	City,	State,	Zip Code
PURPOSE EXPENDIT	<b>TURE</b>	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip		holder		
Non-F	Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	ONLY if direct o 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 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Com	mission Filers)	
Sch: 35/41 Rpt: 69/77	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 \$184.08	(b) Date of Charge 04/16/2025	(c) Date(s) Credit Card Issuer 04/27/2025	r Paid		
7 PAYEE	(a) Payee name HEB		(b) Payee address; 2000 Ranch Rd 620 S,	City, Stat	e, Zip Code	
	() 0 :		Lakeway, TX 78738			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Food for candidate/office I	holder		
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 \$12.93	(b) Date of Charge 05/17/2025	(c) Date(s) Credit Card Issuer 06/08/2025	r Paid		
PAYEE (a) Payee name		(b) Payee address;	City, Stat	e, Zip Code		
	HEB	2				
			Lakeway, 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			
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 \$24.46	(b) Date of Charge 06/21/2025	(c) Date(s) Credit Card Issuer	r Paid		
PAYEE	(a) Payee name HEB	1	(b) Payee address; 2000 Ranch Rd 620 S, Lakeway, TX 78738	City, Stat	e, Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	*	(b) Description Food for candidate/office I	holder		
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	_	

## 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:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)		
	Sch: 36/41 Rpt: 70/77	Buckingham M.D.,	Dawn C. (The Honorab	le)		00069001				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$55.64	06/27/2025							
7	PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code		
		HEB		2000 Ran	ch Rd 620 S,					
				Lakeway,	TX 78738					
8	PURPOSE OF	(a) Category		(b) Descript	ion					
	EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe		Food for c	andidate/office	holder				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living expe	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) ( 02/02/202	Credit Card Issue	r Paid				
		\$230.39	01/16/2025	02/02/202	.5					
PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code			
		Matt's El Rancho		2613 S La	mar Blvd					
				Austin, TX	78704					
	PURPOSE OF	(a) Category	of this cohodule)	(b) Descript						
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Food for candidate/office holder and staff						
	X Political	, , , , , , , , , , , , , , , , , , ,								
	Non-Political	(*) <b>L</b>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$801.08	06/02/2025							
$\vdash$	PAYEE	(a) Payee name		(b) Payee a	ddress:	City,	State,	Zip Code		
		(ay i ay ou manne		2613 S La		,	,			
		Matt's El Rancho								
				Austin, TX	78704					
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descript						
1	EXPENDITURE	Food/Beverage Exper	*	Food for c	andidate/office	nolder and staff				
	X Political									
	Non-Political	\(\frac{1}{2}\)	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				
Le	xpenditure to benefit C/OH									
1										

## SCHEDULE F4

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

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

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/Officeholder/Politica	-	ruction Guide explains how	aries/Wages/Cont to complete th		OTHER (enter a category	not iisteu ai	oove)
1	Total pages Schedule F4:					3 Filer ID (Ethics	s Commiss	sion Filers)
-	Sch: 37/41 Rpt: 71/77		Dawn C. (The Honorab	le)		00069001		
4	CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL C	DF UNITEMIZED DITURES ED TO A CRED	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	<b>I</b> ıer Paid		
		\$238.11	05/30/2025	(*)				
7	PAYEE	(a) Payee name Whole Foods Marke	et	(b) Payee a 525 N Lar		City,	State,	Zip Code
				Austin, TX	78703			
8	PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Descript Food for c		e holder and staff		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living expe	nse	
<b>9</b>	Complete ONLY if direct xpenditure to benefit C/OH	to benefit C/OH				Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issu	ıer Paid		
		\$92.12	02/24/2025	03/02/202	5			
	PAYEE	(a) Payee name Flower Child		(b) Payee a 500 W 2nd Suite #133 Austin, TX	d Street 3	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, T	X, officeholder living expe	nse	
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$54.58	(b) Date of Charge 04/14/2025	(c) Date(s) 04/27/202	Credit Card Issu 5	ıer Paid		
	PAYEE	(a) Payee name		(b) Payee a	ddress:	City,	State,	Zip Code
		(a) i ay oo namo		(b) i dycc d	,	Oity,	Juic,	
		Flower Child		500 W 2nd Suite #133 Austin, TX	d Street 3	Oily,	State,	
	PURPOSE OF EXPENDITURE	Flower Child  (a) Category (See Categories listed at the top	,	500 W 2nd Suite #133 Austin, TX (b) Descript	d Street 3 78701 ion	e holder and staff		
	PURPOSE OF	Flower Child  (a) Category	,	500 W 2nd Suite #133 Austin, TX (b) Descript	d Street 3 78701 ion			
	PURPOSE OF EXPENDITURE	Flower Child  (a) Category (See Categories listed at the top Food/Beverage Exper	,	500 W 2nd Suite #133 Austin, TX (b) Descript	d Street 3 78701 ion andidate/office			
	PURPOSE OF EXPENDITURE  X Political	Flower Child  (a) Category (See Categories listed at the top Food/Beverage Exper	of Texas. Complete Schedule T.	500 W 2nd Suite #133 Austin, TX (b) Descript	d Street 3 78701 ion andidate/office	e holder and staff		

## 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	sion Filers)
	Sch: 38/41 Rpt: 72/77	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 \$78.40	(b) Date of Charge 04/16/2025	(c) Date(s) Credit Card Issue 04/27/2025	r Paid		
7	PAYEE	(a) Payee name  Flower Child		(b) Payee address; 500 W 2nd Street Suite #133 Austin, TX 78701	City,	State,	Zip Code
8	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	( )	of Texas. Complete Schedule T.	<u> </u>	officeholder living expe	nse	
	Complete ONLY if direct Candidate/Officeholder name			e sought	Office held		
e	expenditure to benefit C/OH	( ) 1	L (1) D (1)	100000			
	PAYMENT	(a) Amount Charged \$26.24	(b) Date of Charge 03/03/2025	(c) Date(s) Credit Card Issue 04/05/2025	r 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		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$467.86	(b) Date of Charge 03/03/2025	(c) Date(s) Credit Card Issue 04/05/2025	r 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		
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expe	nse	
e	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 Instruction Guide explains how to complete this form.									
1 Total pa	ages Schedule F4:	F4: 2 FILER NAME			3 Filer ID (Etl	3 Filer ID (Ethics Commission Filers)			
Sch: 39	9/41 Rpt: 73/77	Buckingham M.D.,	Dawn C. (The Honorab	able) 00069001					
4 CREDIT			ncial institution revious	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A ( CARD	<b> </b> \$				
6 PAYME	NT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	rd Issuer Paid				
		\$9.73	06/15/2025						
7 PAYEE		(a) Payee name		(b) Payee address;					
		Costco		10401 Research B	arch Blvd				
				Austin, TX 78759					
8 PURPO	SE OF IDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description					
l <u> </u>	See Categories listed at the top of this schedule) Food/Beverage Expense  Food/Beverage Expense			vollice noider	; noider				
□No	on-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if A	Austin, TX, officeholder living ex	(, officeholder living expense			
	te ONLY if direct	Candidate/Officeholder name Office sought		Office held					
	re to benefit C/OH								
PAYME	ENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Cai 06/08/2025	rd Issuer Paid				
		\$79.88	05/05/2025	00/08/2025					
PAYEE		(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Fresa's Chicken Al Carbon		915 N Lamar Blvd					
				Austin, TX 78703					
PURPO		(a) Category (See Categories listed at the top of this schedule)		(b) Description					
l	I <b>DITURE</b> Diitical	Food/Beverage Expe		Food for candidate/office holder and staff					
□No	on-Political	itical (c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense					
Comple	te ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held	Office held			
expenditu	re to benefit C/OH								
PAYME	ENT	(a) Amount Charged \$528.04	(b) Date of Charge 04/24/2025	(c) Date(s) Credit Car 06/08/2025	rd Issuer Paid				
PAYEE		(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
ALC Steaks			1205 N Lamar Blvd						
				Austin, TX 78703					
PURPOSE OF		(a) Category (See Categories listed at the top of this schedule)		(b) Description					
l	(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. Comp		of Texas. Complete Schedule T.	Check if A	Austin, TX, officeholder living e	xpense				
	te <u>ONLY</u> if direct re 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 Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)					
	Sch: 40/41 Rpt: 74/77	Buckingham M.D., Dawn C. (The Honorable)				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) C	redit Card Issuer	Paid			
		\$47.92	02/24/2025	03/02/2025						
7	PAYEE	(a) Payee name	•	(b) Payee address; City, State			State,	Zip Code		
		Hebert's Taco Hut	Hebert's Taco Hut  419 Riverside Dr							
				San Marcos, TX 78666						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1 ` ′	Description					
	X Political	Food/Beverage Expe	Food for Carididate/Office			andidate/office f	holder and staff			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exper	nse		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	ce sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged \$18.42	(b) Date of Charge 01/20/2025		Date(s) C 2/02/2025	redit Card Issuer 5	Paid			
PAYEE		(a) Payee name		(b)	Payee ac	ldress;	City,	State,	Zip Code	
		Hilton Hotels		7930 Jones Branch Drive						
		(4) 0-1		McLean, VA 22102						
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food for candidate/office holder						
	X Political	J 1								
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.		of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged \$353.02	(b) Date of Charge 02/03/2025		Date(s) C 3/02/2025	credit Card Issuer	Paid			
	PAYEE	(a) Payee name		(b)	Payee ac	ldress;	City,	State,	Zip Code	
68 Degrees Kitchen		1	2401 Lake Austin Blvd							
		Austin, TX 78703								
PURPOSE OF (		(a) Category		(b) Description						
<b>EXPENDITURE</b> (See Categories listed at the top of this schedule)		Food for candidate/office holder and staff								
X Political Food/Beverage Expense										
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense										
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sou	ught		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 Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
Sch: 41/41 Rpt: 75/77	Buckingham M.D.,	Dawn C. (The Honoral	ole)	00069001				
4 CREDIT CARD ISSUER	Name of financial institution  see previous  SETOTAL OF UNITEMIZEXPENDITURES CHARGED TO A CRECTARD			<b> \$</b>				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$1,919.98	03/21/2025	04/05/2025					
7 PAYEE	(a) Payee name	City, State, Zip Code						
	The Ranch Saloon and		1244 N Post Oak Blvd Ste 100 Houston, TX 77055					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE  X Political	(See Categories listed at the top of this schedule) Food/Beverage Expense Food for candidate/office volunteers			holder, staff, and campaign				
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 Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$377.00	(b) Date of Charge 03/31/2025	(c) Date(s) Credit Card Issue 04/27/2025	er Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	The Hay-Adams		800 16th St NW					
	(a) Catagon;		Washington, DC 20006					
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					
Non-Political	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<u> </u>					
	(c) Check if travel outside  Candidate/Officeholder	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense  ffice sought Office held					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolider	name One	e sougiii	Office field				
PAYMENT	(a) Amount Charged \$175.70	(b) Date of Charge 04/02/2025	(c) Date(s) Credit Card Issue 04/27/2025	er Paid				
PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code				
	Churchkey		1337 14th St NW					
			Washington, DC 20005					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description					
	Fees	S. a.io suriduity	Food for candidate/office holder and staff					
X Political								
Non-Political	(c) Check if travel outside	Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held								
ı								

## 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: 76/77	
2	FILER NAME 3 Filer II				(Ethics Commissi	on Filers)
	Buckingham	Buckingham M.D., Dawn C. (The Honorable)				
4	Date 01/31/2025	5 Name of person from whom amount is received 6 IBC Bank 6 Address of person from whom amount is received; City; State; Zip Code				\$6,098.11
		Bee Cave, TX 78738				
		7 Purpose for which amount is received	olitica	al contri	ibution returned to fi	ler
	Date	Name of person from whom amount is received			Amount (\$)	
	02/28/2025	IBC Bank  Address of person from whom amount is received; City; State; Zip Code				\$5,518.29
		Bee Cave, TX 78738				
		Purpose for which amount is received	olitica	al contr	ibution returned to fi	ler
		Bank Account Interest Income				
	Date 03/31/2025	Name of person from whom amount is received IBC Bank			Amount (\$)	\$5,742.30
		Address of person from whom amount is received; City; State; Zip Code  Bee Cave, TX 78738				
		Purpose for which amount is received	olitica	al contri	ibution returned to fi	ler
	Date 04/30/2025	Name of person from whom amount is received  IBC Bank  Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$5,409.69
		Bee Cave, TX 78738				
		Purpose for which amount is received Check if portage.  Bank Account Interest Income	olitica	al contr	ibution returned to fi	ler
	Date 05/31/2025	Name of person from whom amount is received IBC Bank Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$5,549.91
		Bee Cave, TX 78738				
		Purpose for which amount is received Check if portable Bank Account Interest Income	olitica	al contri	ibution returned to fi	ler

# 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: 77/77 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 (\$) 06/30/2025 **IBC** Bank \$5,334.57 6 Address of person from whom amount is received; City; State; Zip Code Bee Cave, TX 78738 7 Purpose for which amount is received Check if political contribution returned to filer