

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST <b>Petra</b> MI NICKNAME LAST <b>Hawkins</b> SUFFIX	<b>OFFICE USE ONLY</b> Date Received <b>RECEIVED - City Of Tyler</b> <b>APR 05 2024</b> Date Hand-delivered or Date Postmarked <b>City Manager's Office</b> Receipt # Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <b>3844 Lamb Dr, Tyler, TX 75709</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(903) 830-0313</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST <b>Bobby</b> MI NICKNAME LAST <b>Garmon</b> SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <b>3837 Putting Ln, Tyler, TX 75709</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(903) 539-8903</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>10 10 2023    THROUGH    4 4 2024</b>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <b>May 4 2024</b> <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <b>N/A</b>	13 OFFICE SOUGHT (if known) <b>City Council, District 2</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME <i>Petra Hawkins</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3038.84
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6607.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,070.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2333.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

*Petra Hawkins*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Petra HAWKINS this the 5th day of April

20 24 to certify which, witness my hand and seal of office.

Cassandra Brager CASSANDRA BRAGER Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_ and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME

*Petra Hawkins*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1	<input type="checkbox"/> SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ <i>6607.00</i>
2	<input type="checkbox"/> SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3	<input type="checkbox"/> SCHEDULE B PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4	<input type="checkbox"/> SCHEDULE E LOANS	\$ <i>0</i>
5	<input type="checkbox"/> SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>9070.67</i>
6	<input type="checkbox"/> SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7	<input type="checkbox"/> SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8	<input type="checkbox"/> SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9	<input type="checkbox"/> SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10	<input type="checkbox"/> SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>3038.84</i>
11	<input type="checkbox"/> SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12	<input type="checkbox"/> SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <b>Petra Hawkins</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/26/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Bobby Garman</b>	7 Amount of contribution (\$) <b>\$300.00</b>
6 Contributor address City State Zip Code <b>3837 Putting Tyler TX 75709</b>		
8 Principal occupation / Job title (See Instructions) <b>Bank administrator</b>		9 Employer (See Instructions) <b>Citizen's 1st bank</b>
Date <b>1/22/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Tim Jones</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address City State Zip Code <b>2106 W. Gentry Pkwy #101 Tyler, TX 75702</b>		
Principal occupation / Job title (See Instructions) <b>Self Ins. Agent/Owner</b>		Employer (See Instructions) <b>Tim Jones Insurance</b>
Date <b>10/26/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Eleno Liceo</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address City State Zip Code <b>1625 W. Gentry Pkwy Tyler, TX. 75702</b>		
Principal occupation / Job title (See Instructions) <b>Self-employed / Owner</b>		Employer (See Instructions) <b>Liceo Insurance</b>
Date <b>10/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Cassie Ashford</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address City State Zip Code <b>P.O. Box 1255 Athens TX 75751</b>		
Principal occupation / Job title (See Instructions) <b>Retired City of Athens</b>		Employer (See Instructions) <b>Retired</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

Petra Hawkins

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Pautine Barnes

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

Lamb Dr. Tyler TX 75709

8 Principal occupation / Job title (See Instructions)

Retired RN, MSN

9 Employer (See Instructions)

N/A

Date

11/8/23

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Andre Crawford

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

805 Glenwood Tyler TX 75702

Principal occupation / Job title (See Instructions)

Entrepreneur / Barber

Employer (See Instructions)

Self / One Stop Barber Shop

Date

11/12/23

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Will Hersey

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

456 W. Ervin Tyler TX 75702

Principal occupation / Job title (See Instructions)

Real Estate Developer

Employer (See Instructions)

Self

Date

12/1/23

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

KD Dean Services LLC

Amount of contribution (\$)

\$120.00

Contributor address;

City;

State;

Zip Code

12126 FM 14 Tyler, TX. 75706

Principal occupation / Job title (See Instructions)

Entrepreneur

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# SCHEDULE A1

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2 FILER NAME <b>Petra Hawkins</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/19/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Yolanda Alford Hampton</b>	7 Amount of contribution (\$) <b>\$30.00</b>
6 Contributor address; City; State; Zip Code <b>17572 FM 2767 Tyler, TX 75705</b>		
8 Principal occupation / Job title (See Instructions) <b>Assembly / Entrepreneur</b>		9 Employer (See Instructions) <b>Ingersol Road - TRANE / Yolanda's Fax Services</b>
Date <b>12/3/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marcus Jeter</b>	Amount of contribution (\$) <b>\$271.00</b>
Contributor address; City; State; Zip Code <b>Tyler, TX.</b>		
Principal occupation / Job title (See Instructions) <b>Self-employed</b>		Employer (See Instructions) <b>Self</b>
Date <b>12/5/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jean Washington</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>2310 Cartwright Tyler, TX 75701</b>		
Principal occupation / Job title (See Instructions) <b>Retired educator</b>		Employer (See Instructions) <b>N/A</b>
Date <b>12/6/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Witherspoon IP Law, PLLC</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>7290 Crosswater Drive Tyler, TX 75703</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <b>Petra Hawkins</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/8/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Andre Crawford</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address. City: State Zip Code <b>805 N. Glenwood Tyler, TX. 75702</b>		
8 Principal occupation / Job title (See Instructions) <b>Self-employed barber</b>		9 Employer (See Instructions) <b>One Stop Barbershop</b>
Date <b>11/8/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>DeMarcus Hawkins</b>	Amount of contribution (\$) <b>\$25.00</b>
Contributor address. City: State Zip Code <b>2845 Latasha Lane Tyler, TX. 75706</b>		
Principal occupation / Job title (See Instructions) <b>Self-employed barber</b>		Employer (See Instructions) <b>One Stop Barbershop</b>
Date <b>11/8/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Jeremy Veasey</b>	Amount of contribution (\$) <b>\$20.00</b>
Contributor address. City: State Zip Code <b>605 Forest Ave. Tyler, TX 75702</b>		
Principal occupation / Job title (See Instructions) <b>Self-employed barber</b>		Employer (See Instructions) <b>One Stop Barbershop</b>
Date <b>12/5/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Jean Washington</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address. City: State Zip Code <b>2310 Cartwright Tyler, TX. 75702</b>		
Principal occupation / Job title (See Instructions) <b>Retired educator</b>		Employer (See Instructions) <b>Tyler ISD</b>
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2 FILER NAME <b>Petra Hawkins</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/5/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Rosalyn Gooch</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address City State Zip Code <b>17038 Amy Ln. Flint, TX. 75762</b>		
8 Principal occupation / Job title (See Instructions) <b>CRNA</b>		9 Employer (See Instructions) <b>Christus Mother Frances Hospital</b>
Date <b>1/6/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Tami Kennedy</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address City State Zip Code <b>13798 Maple Dr. Tyler, TX.</b>		
Principal occupation / Job title (See Instructions) <b>LVN</b>		Employer (See Instructions) <b>Clairmont NH</b>
Date <b>1/1/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Donald Campbell</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address City State Zip Code <b>2818 <sup>pt. Sara</sup> Luther Tyler, TX. 75701</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>2/7/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Gwendolyn Price</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address City State Zip Code <b>2212 W. Jackson Tyler, TX. 75701</b>		
Principal occupation / Job title (See Instructions) <b>Retired / Paraprofessional</b>		Employer (See Instructions) <b>N/A / Tyler ISD</b>
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2 FILER NAME <b>Petra Hawkins</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/9/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>C. Cooper Homes</b>	7 Amount of contribution (\$) <b>\$3038.84</b> <i>Paid directly to Designer Graphics by check #1245</i>
6 Contributor address, City, State, Zip Code <b>P.O. Box 5303 Tyler, TX 75712</b>		
8 Principal occupation / Job title (See Instructions) <b>Contractor / Business owner</b>		9 Employer (See Instructions) <b>C. Cooper Homes</b>
Date <b>2/5/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Connie G. Isabell</b>	Amount of contribution (\$) <b>\$75.00</b>
Contributor address, City, State, Zip Code <b>179 Spring Creek Rd. Longview, TX 75603</b>		
Principal occupation / Job title (See Instructions) <b>Educational consultant</b>		Employer (See Instructions) <b>Crawley ISD</b>
Date <b>1/28/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Hattie Burgess</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address, City, State, Zip Code <b>12211 FM 14, Tyler, TX 75706</b>		
Principal occupation / Job title (See Instructions) <b>Educator</b>		Employer (See Instructions) <b>Winona ISD</b>
Date <b>1/20/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Christy Shackelford</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address, City, State, Zip Code <b>1200 Carol Ln, Tyler, TX 75701</b>		
Principal occupation / Job title (See Instructions) <b>Self-employed / Sub</b>		Employer (See Instructions) <b>Tyler ISD</b>
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4 Date <b>2/16/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Steven M. Morris Trust</b>	7 Amount of contribution (\$) <b>\$500.00</b>
6 Contributor address. City: State Zip Code <b>12417 CR 1139 Tyler, TX 75709</b>		
8 Principal occupation / Job title (See Instructions) <b>Entrepreneur / self</b>		9 Employer (See Instructions) <b>The Country Meat Market</b>
Date <b>3/8/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Tonia Renee Dean, Kendavous</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address. City: State Zip Code <b>12126 FM 14, Tyler, TX 75706</b>		
Principal occupation / Job title (See Instructions) <b>Office manager</b>		Employer (See Instructions) <b>Christus Mother Frances</b>
Date <b>1/23/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Half Associates - State PC</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address. City: State Zip Code <b>1201 N. Bowser, Richardson, TX 75081</b>		
Principal occupation / Job title (See Instructions) <b>Insurance agent</b>		Employer (See Instructions) <b>Half</b>
Date <b>1/16/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>James + Elka Kellum</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address. City: State Zip Code <b>P.O. Box 535064 Grand Prairie, TX 75053</b>		
Principal occupation / Job title (See Instructions) <b>Real Estate Investor / retired</b>		Employer (See Instructions) <b>Self-employed</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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4 Date <b>3/17/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Kelly Williams</b>	7 Amount of contribution (\$) <b>\$200.00</b>
6 Contributor address. City: State Zip Code <b>4708 Edinburgh Tyler, TX. 75703</b>		
8 Principal occupation / Job title (See Instructions) <b>Laborer, supervisor</b>		9 Employer (See Instructions) <b>Cotton Belt Railroad</b>
Date <b>3/15/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>James + Ella Kellom</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address. City: State Zip Code <b>P.O. Box 535064 Grand Prairie, TX. 75053</b>		
Principal occupation / Job title (See Instructions) <b>Real Estate Investor /retired</b>		Employer (See Instructions) <b>self-employed</b>
Date <b>3/18/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Trent Johnson</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address. City: State Zip Code <b>P.O. Box 1282 Tyler TX 75702</b>		
Principal occupation / Job title (See Instructions) <b>Self-employed</b>		Employer (See Instructions) <b>Treniti Resources <del>Hawkins West Home SA</del></b>
Date <b>3/7/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Eddy Moose</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address. City: State Zip Code <b>4220 Timms St, Tyler TX. 75701</b>		
Principal occupation / Job title (See Instructions) <b>Entrepreneur /self</b>		Employer (See Instructions) <b>Moose Auto Glass</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <b>Petra Hawkins</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/2/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Ranaan Carty</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address City State Zip Code <b>467 Chambers Place, Fairview, TX 75069</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/8/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>LaTonia Gaston</b>	Amount of contribution (\$) <b>\$1.00</b>
Contributor address City State Zip Code <b>2127 Rana Pl. Hntx, TX 75762</b>		
Principal occupation / Job title (See Instructions) <b>Self</b>		Employer (See Instructions) <b>Gaston Financial Services</b>
Date <b>11/19/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Petra Hawkins</b>	Amount of contribution (\$) <b>\$30.00</b>
Contributor address City State Zip Code <b>3844 Lamb Dr. Tyler, TX 75709</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/26/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Lesia Walker</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address City State Zip Code <b>Received via Cashapp</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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## SCHEDULE A1

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2 FILER NAME <b>Petra Hawkins</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/2/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Antwanette</b>	7 Amount of contribution (\$) <b>\$20.00</b>
6 Contributor address, City, State, Zip Code <b>Received via cashapp</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/2/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Sharon Dews</b>	Amount of contribution (\$) <b>\$5.00</b>
Contributor address, City, State, Zip Code <b>Received via cashapp</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/2/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Kenneth Bell</b>	Amount of contribution (\$) <b>\$20.00</b>
Contributor address, City, State, Zip Code <b>Received via cashapp</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/2/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Melissa Jordan</b>	Amount of contribution (\$) <b>\$10.00</b>
Contributor address, City, State, Zip Code <b>Received via cashapp</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

Petra Hawkins

3 Filer ID (Ethics Commission Filers)

4 Date

2/2/24

5 Full name of contributor

Michaela Richards

out-of-state PAC ID#

7 Amount of contribution (\$)

\$5.00

6 Contributor address

City:

State

Zip Code

Received via Cashapp

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/2/24

Full name of contributor

C. Jones

out-of-state PAC ID#

Amount of contribution (\$)

\$10.00

Contributor address

City

State

Zip Code

Received via Cashapp

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/2/24

Full name of contributor

DeWanna B. Woods

out-of-state PAC ID#

Amount of contribution (\$)

\$25.00

Contributor address

City

State

Zip Code

Received via Cashapp

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/2/24

Full name of contributor

Fetvia Dakins

out-of-state PAC ID#

Amount of contribution (\$)

\$15.00

Contributor address

City

State

Zip Code

Received via Cashapp

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

Petra Hawkins

3 Filer ID (Ethics Commission Filers)

4 Date

2/2/24

5 Full name of contributor

Kinetha Clark

out-of-state PAC ID#

7 Amount of contribution (\$)

\$5.00

6 Contributor address

Received via Cashapp

City:

State

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/2/24

Full name of contributor

Clotel McGee Friend

out-of-state PAC ID#

Amount of contribution (\$)

\$10.00

Contributor address

Received via Cashapp

City:

State

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/2/24

Full name of contributor

Rekasha Jackman

out-of-state PAC ID#

Amount of contribution (\$)

\$5.00

Contributor address

Received via Cashapp

City:

State

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/2/24

Full name of contributor

Deante Hawkins

out-of-state PAC ID#

Amount of contribution (\$)

\$10.00

Contributor address

Received via Cashapp

City:

State

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

*Petra Hawkins*

3 Filer ID (Ethics Commission Filers)

4 Date

*2/2/24*

5 Full name of contributor

out-of-state PAC ID#

*Reginald Spencer*

7 Amount of contribution (\$)

*\$60.00*

6 Contributor address

City

State

Zip Code

*Received via Cashapp*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*2/2/24*

Full name of contributor

out-of-state PAC ID#

*Kevin Pringle*

Amount of contribution (\$)

*\$5.00*

Contributor address

City

State

Zip Code

*Received via Cashapp*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*2/2/24*

Full name of contributor

out-of-state PAC ID#

*Gynthia Black*

Amount of contribution (\$)

*\$5.00*

Contributor address

City

State

Zip Code

*Received via Cashapp*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*2/2/24*

Full name of contributor

out-of-state PAC ID#

*Stearne Kellom*

Amount of contribution (\$)

*\$50.00*

Contributor address

City

State

Zip Code

*Received via Cashapp*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

*Petra Hawkins*

3 Filer ID (Ethics Commission Filers)

4 Date

*2/3/24*

5 Full name of contributor

out-of-state PAC ID# \_\_\_\_\_

*Bervin Perkins, Sr.*

7 Amount of contribution (\$)

*\$5.00*

6 Contributor address

City:

State

Zip Code

*Received via Cashapp*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*2/3/24*

Full name of contributor

out-of-state PAC ID# \_\_\_\_\_

*Donna Grandberry*

Amount of contribution (\$)

*\$50.00*

Contributor address.

City:

State

Zip Code

*Received via Cashapp*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*2/4/24*

Full name of contributor

out-of-state PAC ID# \_\_\_\_\_

*Medhett Handy*

Amount of contribution (\$)

*\$5.00*

Contributor address.

City:

State

Zip Code

*Received via Cashapp*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*2/12/24*

Full name of contributor

out-of-state PAC ID# \_\_\_\_\_

*Lanita Hawkins*

Amount of contribution (\$)

*\$25.00*

Contributor address.

City:

State

Zip Code

*Received via Cashapp*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

*Petra Hawkins*

3 Filer ID (Ethics Commission Filers)

4 Date

*2/15/24*

5 Full name of contributor

*Petra Hawkins*

out-of-state PAC ID# \_\_\_\_\_

7 Amount of contribution (\$)

*\$10.00*

6 Contributor address

*Received via Cashapp*

City

State

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*2/25/24*

Full name of contributor

*Mack Davis*

out-of-state PAC ID# \_\_\_\_\_

Amount of contribution (\$)

*\$50.00*

Contributor address

*Received via Cashapp*

City

State

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/3/24*

Full name of contributor

*Marilyn Starting*

out-of-state PAC ID# \_\_\_\_\_

Amount of contribution (\$)

*\$5.00*

Contributor address

*Received via Cashapp*

City

State

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/7/24*

Full name of contributor

*Petra Hawkins*

out-of-state PAC ID# \_\_\_\_\_

Amount of contribution (\$)

*\$50.00*

Contributor address

*Received via Cashapp*

City

State

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

*Petra Hawkins*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/14/24*

5 Full name of contributor

*Petra Hawkins*

out-of-state PAC ID# \_\_\_\_\_

7 Amount of contribution (\$)

*\$150.00*

6 Contributor address

*Received via Cashapp*

City:

State

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*3/17/24*

Full name of contributor

*Samuel Banks*

out-of-state PAC ID# \_\_\_\_\_

Amount of contribution (\$)

*\$100.00*

Contributor address

*Received via Cashapp*

City

State

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/24/24*

Full name of contributor

*Maria Brooks*

out-of-state PAC ID# \_\_\_\_\_

Amount of contribution (\$)

*\$20.00*

Contributor address

*Received via Cashapp*

City

State

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/2/24*

Full name of contributor

*Mr. Ken*

out-of-state PAC ID# \_\_\_\_\_

Amount of contribution (\$)

*\$5.00*

Contributor address

*Received via Cashapp*

City

State

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**Demand Deposit 70136361 - PETRA HAWKINS**


⊕ PETRA HAWKINS CAMPAIGN ACCOUNT 3844 LAMB DR TYLER TX 75709	Relationship Owner/Signer	Date of Birth *** **, ****	Phone Number *****	Tax Identification SSN ***-**-****
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Additional Relationships  
 Tax Name: PETRA HAWKINS  
 See Mailing Information

**All Transactions**

Date	Description	Debits	Credits	Balance
⊕ Apr 03, 2024	POS Purchase TX 903-5359242 PY *Leadership R SEQ# 039215 8579	\$35.00		\$2,333.33
⊕ Apr 03, 2024	POS Purchase CA 855-785-2777 HP *INSTANT INK SEQ# 053848 8579	\$15.14		\$2,368.33
⊕ Mar 29, 2024	POS Purchase TX TYLER THE HOME DEPOT 4 SEQ# 073996 8579	\$53.31		\$2,383.47
⊕ Mar 26, 2024	MOBILE DEPOSIT		\$1,000.00	\$2,436.78
⊕ Mar 26, 2024	Deposit		\$100.00	\$1,436.78
⊕ Mar 25, 2024	POS Purchase TX TYLER PIZZA HUT 00289 SEQ# 000007 8579	\$77.85		\$1,336.78
⊕ Mar 22, 2024	POS Purchase TX TYLER LITTLE CAESAR'S 2- SEQ# 075051 8579	\$32.88		\$1,414.63
⊕ Mar 21, 2024	POS Purchase TX TYLER FEDEX OFFIC2440 44 SEQ# 026070 8579	\$61.25		\$1,447.51
⊕ Mar 21, 2024	Deposit		\$500.00	\$1,508.76
⊕ Mar 20, 2024	POS Purchase TX TYLER FAMILY DOLLAR # SEQ# 022827 8579	\$79.02		\$1,008.76
⊕ Mar 18, 2024	Deposit		\$200.00	\$1,087.78
⊕ Mar 13, 2024	POS Purchase TX 903-5810777 DANWAL INC DBA GN SEQ# 084044 8579	\$420.88		\$887.78
⊕ Mar 13, 2024	Recur Payment WA AMZN.COM/BILL Amazon Prime*R6 RT SEQ# 010122 8579	\$16.23		\$1,308.66
⊕ Mar 11, 2024	POS Purchase TX 402-935-7733 PAYPAL *AVENUE SEQ# 012480 8579	\$200.00		\$1,324.89
⊕ Mar 11, 2024	POS Purchase TX GOSQ.COM SQ *ICONNECT BU SS SEQ# 022251 8579	\$85.00		\$1,524.89
⊕ Mar 11, 2024	MOBILE DEPOSIT		\$250.00	\$1,609.89
⊕ Mar 08, 2024	POS Purchase TX TYLER OFFICE DEPOT #2 SEQ# 045982 8579	\$70.36		\$1,359.89
⊕ Mar 08, 2024	POS Purchase TX TYLER OFFICE DEPOT #2 SEQ# 045966 8579	\$70.36		\$1,430.25
⊕ Mar 08, 2024	POS Purchase TX TYLER OFFICE DEPOT #2 SEQ# 045974 8579	\$21.64		\$1,500.61
⊕ Mar 07, 2024	POS Purchase CA 855-785-2777 HP *INSTANT INK SEQ# 059163 8579	\$15.14		\$1,522.25
⊕ Mar 07, 2024	Deposit		\$500.00	\$1,537.39

Date	Description	Debits	Credits	Balance
⊕ Mar 04, 2024	POS Purchase CA SAN JOSE PAYPAL *LEAGUEW SEQ# 060262 8579	\$70.00		\$1,037.39
⊕ Mar 04, 2024	POS Purchase WA AMZN.COM/BILL Prime Video Cha S SEQ# 088626 8579 *	\$10.81		\$1,107.39
⊕ Feb 29, 2024	POS Purchase WA AMZN.COM/BILL Prime Video Cha S SEQ# 016374 8579 *	\$6.48		\$1,118.20
⊕ Feb 28, 2024	MOBILE DEPOSIT		\$100.00	\$1,124.68
⊕ Feb 26, 2024	POS Purchase TX 903- 5810777 DANWAL INC DBA GN SEQ# 056490 8579	\$218.02		\$1,024.68
⊕ Feb 16, 2024	POS Purchase TX GOSQ.COM SQ *ICONNECT BU SS SEQ# 067372 8579	\$243.56		\$1,242.70
⊕ Feb 16, 2024	Deposit		\$500.00	\$1,486.26
⊕ Feb 15, 2024	POS Purchase TX 903- 5810777 DANWAL INC DBA GN SEQ# 073897 8579	\$235.58		\$986.26
⊕ Feb 15, 2024	Deposit		\$375.00	\$1,221.84
⊕ Feb 07, 2024	POS Purchase CA 801-413- 7200 EB 2024 EAST TE LE SEQ# 069481 8579	\$118.15		\$846.84
⊕ Feb 07, 2024	POS Purchase CA 801-413- 7200 EB 2024 EAST TE LE SEQ# 026535 8579	\$118.15		\$964.99
⊕ Feb 06, 2024	ANEDOT SV9T 2252501301		\$9.30	\$1,083.14
⊕ Feb 02, 2024	POS Purchase TX 402-935- 7733 PAYPAL *AVENUE SEQ# 040499 8579	\$200.00		\$1,073.84
⊕ Feb 02, 2024	POS Purchase CA 855-785- 2777 HP *INSTANT INK SEQ# 075992 8579 ✓	\$12.98		\$1,273.84
⊕ Feb 02, 2024	Deposit		\$350.00	\$1,286.82
⊕ Jan 30, 2024	POS Purchase TX TYLER FEDEX OFFIC2440 44 SEQ# 024773 8579	\$41.67		\$936.82
⊕ Jan 26, 2024	POS Purchase TX TYLER SUPER 1 FOODS 6 SEQ# 039887 8579	\$56.02		\$978.49
⊕ Jan 22, 2024	Acct Fund CA 800-9691940 CASH APP*ALMA B EY SEQ# 078103 8579	\$40.00		\$1,034.51
⊕ Jan 22, 2024	Deposit		\$250.00	\$1,074.51
⊕ Jan 12, 2024	POS Purchase TX GOSQ.COM SQ *ICONNECT BU SS SEQ# 085444 8579	\$243.56		\$824.51
⊕ Jan 11, 2024	POS Purchase CA 801-413- 7200 EB POWER NETWOR B SEQ# 066077 8579	\$15.00		\$1,068.07
⊕ Jan 09, 2024	POS Purchase NY 158- 5348280 FiverrInc SEQ# 067504 8579	\$20.85		\$1,083.07
⊕ Jan 09, 2024	Deposit		\$350.00	\$1,103.92
⊕ Jan 05, 2024	POS Purchase CA 855-785- 2777 HP *INSTANT INK SEQ# 052701 8579 ✓	\$12.98		\$753.92
⊕ Dec 22, 2023	Acct Fund CA 800-9691940 CASH APP*KEENNO SEQ# 045702 8579	\$200.00		\$766.90
⊕ Dec 22, 2023	POS Purchase TX TYLER BROOKSHIRES 51 SEQ# 005707 8579	\$108.88		\$966.90
⊕ Dec 21, 2023	POS Purchase TX TYLER DOLLAR TREE SEQ# 028732 8579	\$81.19		\$1,075.78
⊕ Dec 15, 2023	POS Purchase TX TYLER FAMILY DOLLAR # SEQ#	\$65.14		\$1,156.97

Date	Description	Debits	Credits	Balance
+ Dec 15, 2023	005619 8579 POS Purchase TX 972-722- 2073 DOMINO'S 6963 SEQ# 004673 8579	\$55.80		\$1,222.11
+ Dec 14, 2023	POS Purchase WA AMZN.COM/BILL AMZN Mktg US*5W 7W SEQ# 051200 8579 	\$91.98		\$1,277.91
+ Dec 13, 2023	Acct Fund CA 800-9691940 CASH APP*JENNIF LA SEQ# 088602 8579	\$200.00		\$1,369.89
+ Dec 07, 2023	Deposit		\$771.00	\$1,569.89
+ Dec 07, 2023	Deposit		\$200.00	\$798.89
+ Dec 05, 2023	Recur Payment CA 855-785- 2777 HP *INSTANT INK SEQ# 077691 8579	\$12.98		\$598.89
+ Nov 30, 2023	POS Purchase TX TYLER ✓ SAMS CLUB #8284 SEQ# 490162 8579	\$179.42		\$611.87
+ Nov 30, 2023	Deposit		\$100.00	\$791.29
+ Nov 21, 2023	POS Purchase TX TYLER SAMSCLUB #8284 3 SEQ# 803300 8579	\$25.96		\$691.29
+ Nov 15, 2023	Deposit		\$100.00	\$717.25
+ Nov 14, 2023	POS Purchase CA 801-413- 7200 EB 2023 STATE O E SEQ# 017781 8579	\$60.00		\$617.25
+ Nov 13, 2023	Deposit		\$300.00	\$677.25
+ Nov 08, 2023	POS Purchase TX TYLER BATH AND BODY W 3 SEQ# 011698 8579	\$72.42		\$377.25
+ Nov 08, 2023	Acct Fund CA 800-9691940 CASH APP*LATONI ST SEQ# 037404 8579	\$1.00		\$449.67
+ Nov 06, 2023	POS Purchase TX TYLER DOLLARTREE SEQ# 010441 8579	\$25.44		\$450.67
+ Nov 02, 2023	Deposit		\$250.00	\$476.11
+ Oct 31, 2023	POS Purchase TX TYLER OFFICE DEPOT #2 SEQ# 028535 8579	\$87.53		\$226.11
+ Oct 31, 2023	POS Purchase TX TYLER OFFICE DEPOT #2 SEQ# 028527 8579	\$70.36		\$313.64
+ Oct 31, 2023	POS Purchase TX TYLER BROOKSHIRES 51 SEQ# 098529 8579	\$66.00		\$384.00
+ Oct 26, 2023	Deposit		\$250.00	\$450.00
+ Oct 16, 2023	Deposit		\$50.00	\$200.00
+ Oct 11, 2023	Check #9999	\$150.00		\$150.00
+ Sep 27, 2023	Deposit		\$300.00	\$300.00

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                |                                | Other (enter a category not listed above)  |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
---------------------------	--------------------------------------	---------------------------------------

4 Date <b>12/5/23</b>	5 Payee name <b>Instant Ink</b>
--------------------------	------------------------------------

6 Amount (\$) <b>\$12.98</b>	7 Payee address. <b>1501 Page Mill Rd. Palo Alto, CA 94304</b>
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule); <b>Advertising expenses</b>	(b) Description <b>Printer ink refills</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>1/5/24</b>	Payee name <b>Instant Ink</b>
-----------------------	----------------------------------

Amount (\$) <b>\$12.98</b>	Payee address <b>1501 Page Mill Rd. Palo Alto, CA 94304</b>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); <b>Advertising expenses</b>	Description <b>printer ink refills</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>2/2/24</b>	Payee name <b>Instant Ink</b>
-----------------------	----------------------------------

Amount (\$) <b>\$12.98</b>	Payee address <b>1501 Page Mill Rd. Palo Alto, CA 94304</b>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); <b>Advertising expenses</b>	Description <b>printer ink refills</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/3/24</b>	5 Payee name <b>Instant Ink</b>	
6 Amount (\$) <b>\$15.14</b>	7 Payee address, City, State, Zip Code <b>1501 Page Mill Rd. Palo Alto, CA 94304</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising expenses</b>	(b) Description <b>Ink for printer</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date <b>3/1/24</b>	Payee name <b>Instant Ink</b>	
Amount (\$) <b>\$15.14</b>	Payee address, City, State, Zip Code <b>1501 Page Mill Rd. Palo Alto, CA 94304</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expenses</b>	Description <b>Printer ink</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date <b>3/4/24</b>	Payee name <b>League of Women Voters</b>	
Amount (\$) <b>\$70.00</b>	Payee address, City, State, Zip Code <b>109 University Pl #201 Tyler, TX. 75702</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation by candidate</b>	Description <b>membership fee/donation</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
---------------------------	--------------------------------------	---------------------------------------

4 Date <b>2/10/24</b>	5 Payee name <b>The Print Office</b>
--------------------------	---

6 Amount (\$) <b>\$243.56</b>	7 Payee address. <b>208 E. Rusk St, Jacksonville, TX 75766</b>
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category *See Categories listed at the top of this schedule; <b>Advertising expenses</b>	(b) Description <b>Final payment for website</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>2/6/24</b>	Payee name <b>The Print Office</b>
-----------------------	---------------------------------------

Amount (\$) <b>\$185.00</b>	Payee address <b>208 E. Rusk St. Jacksonville, TX 75766</b>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category *See Categories listed at the top of this schedule; <b>Advertising expenses</b>	Description <b>Retractable banner</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/4/24</b>	Payee name <b>EB 4th Annual T</b>
-----------------------	--------------------------------------

Amount (\$) <b>\$55.20</b>	Payee address <b>3900 University Blvd, Tyler, TX, 75799</b>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category *See Categories listed at the top of this schedule; <b>Event expenses</b>	Description <b>Tyler Area Alliance of Black School Educators Yellow Rose Gala</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>Retra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/4/24</b>	5 Payee name <b>EB State O</b>	
6 Amount (\$) <b>\$50.00</b>	7 Payee address <b>2000 W. Front St. Tyler, TX. 75702</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event expenses</b>	(b) Description <b>2024 State of the City Luncheon</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date <b>11/21/23</b>	Payee name <b>Sam's Club # 8284</b>	
Amount (\$) <b>\$25.96</b>	Payee address <b>2025 SSW Loop 323 Tyler TX. 75701</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage expense</b>	Description <b>Campaign Luncheon</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date <b>11/29/23</b>	Payee name <b>Sam's Club # 8284</b>	
Amount (\$) <b>\$179.42</b>	Payee address <b>2025 SSW Loop 323 Tyler TX. 75701</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Food/Beverage, expenses</b>	Description <b>Campaign luncheon</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <b>Jenn Jenn's Peace of Cake</b>	
6 Amount (\$) <b>\$25.00</b>	7 Payee address, City, State, Zip Code <b>3826 Scenic Dr. Tyler, TX, 75709</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule); <b>Donation / food</b>	(b) Description <b>Donation to small business</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/14/24</b>	Payee name <b>Lakeatha Williams (Money Shot Visuals)</b>		
Amount (\$) <b>\$100.00</b>	Payee address, City, State, Zip Code <b>2314 Boswell St. Tyler, TX, 75702</b>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); <b>Event expenses</b>	Description <b>Photo Booth for campaign event</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/15/24</b>	Payee name <b>Darren Cameron</b>		
Amount (\$) <b>\$40.00</b>	Payee address, City, State, Zip Code <b>3400 Varsity Dr. Tyler, TX, 75703</b>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); <b>Advertising expenses</b>	Description <b>Campaign t-shirts</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/01/24</b>	5 Payee name <b>Avenue speaks (caset muze)</b>
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6 Amount (\$) <b>\$200.00</b>	7 Payee address. <b>5000 Edinburgh Tyler, TX 75703</b>
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising expenses</b>	(b) Description <b>Blogging/social media</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/12/24</b>	Payee name <b>Designer Graphics</b>
------------------------	--

Amount (\$) <b>\$420.88</b>	Payee address <b>12404 Hwy 1555. Tyler, TX, 75703</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expenses</b>	Description <b>campaign signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1/10/24</b>	Payee name <b>EB Power Networking B</b>
------------------------	--

Amount (\$) <b>\$15.00</b>	Payee address <b>3013 Earl Campbell Pkwy Tyler, TX 75701</b>
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event expense</b>	Description <b>Power Networking Breakfast</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                |                                | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <i>Petra Hawkins</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/1/24</i>	5 Payee name <i>Office Depot</i>		
6 Amount (\$) <i>\$ 10.36</i>	7 Payee address, City, State, Zip Code <i>4522 S. Broadway Tyler, TX 75703</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule); <i>Advertising expenses</i>	(b) Description <i>Campaign flyers</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <i>3/20/24</i>	Payee name <i>Fedex Office</i>		
Amount (\$) <i>\$ 6.25</i>	Payee address, City, State, Zip Code <i>4522 S. Broadway Tyler, TX 75703</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); <i>Advertising expenses</i>	Description <i>8.5 x 11 campaign flyers/cards</i>	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <i>4/01/24</i>	Payee name <i>City of Tyler</i>		
Amount (\$) <i>\$ 300.00</i>	Payee address, City, State, Zip Code <i>212 N. Bonner Tyler, TX 75702</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); <i>Event expenses</i>	Description <i>Deposit \$150 for Noble E Young Park reservation; \$150 fee for Pavilion + electricity</i>	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/4/23</b>	5 Payee name <b>Walmart</b>	
6 Amount (\$) <b>\$43.38</b>	7 Payee address, City, State, Zip Code <b>3820 state Hwy lot W Tyler TX 75704</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule); <b>Donation made by candidate</b>	(b) Description <b>Donation to Texas College Choir Christmas Party (Take Bar)</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <b>12/4/23</b>	Payee name <b>Walmart</b>	
Amount (\$) <b>\$86.31</b>	Payee address, City, State, Zip Code <b>3820 state Hwy lot W Tyler TX 75704</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); <b>Donation made by candidate</b>	Description <b>Toys/Treats donated to People's MBC</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <b>12/5/23</b>	Payee name <b>Sam's Club</b>	
Amount (\$) <b>\$84.84</b>	Payee address, City, State, Zip Code <b>2025 SSW Loop 323 Tyler TX 75701</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); <b>Event expenses</b>	Description <b>Campaign meeting/luncheon</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 <i>Petra Hawkins</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/23/24</i>	5 Payee name <i>Pizza Hut</i>
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6 Amount (\$) <i>\$77.85</i>	7 Payee address. <i>1817 S. Broadway</i>	City. <i>Tyler, TX</i>	State. <i>TX</i>	Zip Code <i>75701</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule; <i>Food/Beverage Event expense</i> )	(b) Description <i>Meet &amp; Greet at the Residences at Earl Campbell Apts.</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/27/24</i>	Payee name <i>Home Depot</i>
------------------------	---------------------------------

Amount (\$) <i>\$53.31</i>	Payee address <i>3901 Old Jacksonville Hwy</i>	City <i>Tyler, TX</i>	State <i>TX</i>	Zip Code <i>75701</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule; <i>Advertising expenses</i> )	Description <i>Fposts to hang campaign signs</i>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/7/24</i>	Payee name <i>Office Depot / office Max</i>
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Amount (\$) <i>\$10.36</i>	Payee address <i>4522 S. Broadway</i>	City <i>Tyler TX</i>	State <i>TX</i>	Zip Code <i>75703</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule; <i>Advertising expenses</i> )	Description <i>color copies flyers</i>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 <i>Petra Hawkins</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/7/24</i>	5 Payee name <i>Sam's Club</i>	
6 Amount (\$) <i>\$ 76.74</i>	7 Payee address, City, State, Zip Code <i>2025 SSW Loop 323 Tyler, TX 75701</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule); <i>Food/beverage</i>	(b) Description <i>Committee meeting</i>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <i>3/14/24</i>	Payee name <i>Family Dollar</i>	
Amount (\$) <i>\$ 79.02</i>	Payee address, City, State, Zip Code <i>3508 Frankston Hwt. Tyler, TX 75702</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); <i>Donation by candidate</i>	Description <i>Easter donation to College Hill + People's mbc Youth Programs</i>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <i>3/21/24</i>	Payee name <i>Little Caesars</i>	
Amount (\$) <i>\$72.88</i>	Payee address, City, State, Zip Code <i>510 SSW Loop 323 Tyler, TX 75702</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); <i>Food/beverage</i>	Description <i>TJ. Austin girl mentoring monthly session</i>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/14/23</b>	5 Payee name <b>Dominos Pizza</b>	
6 Amount (\$) <b>\$50.80</b>	7 Payee address, City, State, Zip Code <b>701 W. Gentry Pkwy. Tyler TX 75702</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Donation by candidate</b>	(b) Description <b>Pampering Princesses Mentoring by Petra Hawkins Campaign</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <b>12/14/23</b>	Payee name <b>Family Dollar</b>	
Amount (\$) <b>\$ 65.14</b>	Payee address, City, State, Zip Code <b>3508 Frankston Hwy Tyler TX 75701</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation by candidate</b>	Description <b>TJ Austin Elementary girls mentoring program</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <b>12/21/23</b>	Payee name <b>Hobby Lobby</b>	
Amount (\$) <b>\$24.49</b>	Payee address, City, State, Zip Code <b>4712 S. Broadway Ave. Tyler TX 75703</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event expenses</b>	Description <b>campaign luncheon</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                |                                | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <i>Petra Hawkins</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/21/23</i>	5 Payee name <i>Brookshire's</i>	
6 Amount (\$) <i>\$108.88</i>	7 Payee address, City, State, Zip Code <i>100 Rye Rd. Tyler, TX 75703</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage</i>	(b) Description <i>Campaign evening event</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date <i>12/21/23</i>	Payee name <i>Dollar Tree</i>	
Amount (\$) <i>\$37.50</i>	Payee address, City, State, Zip Code <i>6763 S. Broadway Ave Tyler, TX 75703</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation by candidate</i>	Description <i>TJ Austin Elementary girl's mentoring project supplies</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date <i>12/21/23</i>	Payee name <i>Dollar Tree</i>	
Amount (\$) <i>\$81.19</i>	Payee address, City, State, Zip Code <i>6763 S. Broadway Ave Tyler, TX 75703</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation by candidate</i>	Description <i>TJ Austin Elementary girl's mentoring project supplies</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/30/24</b>	5 Payee name <b>USPS</b>	
6 Amount (\$) <b>\$ 68.00</b>	7 Payee address, City, State, Zip Code <b>3320 Trump Hwy Ste 290 Tyler, TX. 75701</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule.) <b>Advertising expenses</b>	(b) Description <b>Roll of postage stamps</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>2/14/24</b>	Payee name <b>Designer Graphics</b>	
Amount (\$) <b>\$ 235.58</b>	Payee address, City, State, Zip Code <b>12404 Hwy 155 South Tyler, TX. 75703</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.) <b>Advertising expenses</b>	Description <b>Business cards + signs</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>3/7/24</b>	Payee name <b>Office Depot</b>	
Amount (\$) <b>\$21.64</b>	Payee address, City, State, Zip Code <b>4522 S. Broadway Tyler, TX. 75703</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.) <b>Advertising expenses</b>	Description <b>Printing Paper</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/25/24</b>	5 Payee name <b>Super 1 Foods</b>	
6 Amount (\$) <b>\$ 56.02</b>	7 Payee address. <b>3828 Troop Hwy Tyler, TX. 75703</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule); <b>Donation by candidate</b>	(b) Description <b>TJ Austin girls mentoring program (Pampering Princesses)</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <b>1/23/24</b>	Payee name <b>Prime 102</b>	
Amount (\$) <b>\$17.32</b>	Payee address <b>102 N. College Ave Tyler, TX. 75702</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); <b>Food expense</b>	Description <b>Lunch with city official</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <b>1/24/24</b>	Payee name <b>Fedex office</b>	
Amount (\$) <b>\$41.67</b>	Payee address <b>4522 S. Broadway Tyler, TX 75703</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); <b>Advertising expenses</b>	Description <b>50 copies campaign fliers</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                |                                | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/26/24</b>	5 Payee name <b>Donald Sanders</b>	
6 Amount (\$) <b>\$25.00</b>	7 Payee address. <b>1120 S. Buckley</b>	City, State, Zip Code <b>Tyler, TX. 75701</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Donation</b>	(b) Description <b>Tilley bereavement donation</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>1/8/24</b>	Payee name <b>Fiverr</b>	
Amount (\$) <b>\$25.55</b>	Payee address <b>8 Kaplan Street Tel Aviv 6473409 Israel</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expenses</b>	Description <b>Campaign logo</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>2/6/24</b>	Payee name <b>EB 2024 East Texas Le</b>	
Amount (\$) <b>\$118.15</b>	Payee address <b>2000 W. Front St. Tyler, TX, 75702</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event expenses</b>	Description <b>East Texas Leadership Summit</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/30/23</b>	5 Payee name <b>Tyler Brookshires 51</b>
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6 Amount (\$) <b>\$66.00</b>	7 Payee address <b>100 Rice Road</b>	City <b>Tyler</b>	State <b>TX.</b>	Zip Code <b>75103</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Solicitation + Advertising expenses</b>	(b) Description <b>Stamps for mailing out donation letters</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/30/23</b>	Payee name <b>Office Depot #2</b>
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Amount (\$) <b>\$87.53</b>	Payee address <b>4329 Old Bullard Road</b>	City <b>Tyler</b>	State <b>TX</b>	Zip Code <b>75103</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Solicitation + Advertising expenses</b>	Description <b>Envelopes, labels Printing campaign filters</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/30/23</b>	Payee name <b>Office Depot #2</b>
-------------------------	--------------------------------------

Amount (\$) <b>\$70.36</b>	Payee address <b>4329 Old Bullard Road</b>	City <b>Tyler</b>	State <b>TX</b>	Zip Code <b>75103</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Solicitation + Advertising expenses</b>	Description <b>Printing campaign filters</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/6/23</b>	5 Payee name <b>Dollartree</b>	
6 Amount (\$) <b>\$25.44</b>	7 Payee address, City, State, Zip Code <b>6763 S. Broadway Ave. Tyler TX 75703</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event expenses</b>	(b) Description <b>"Women Rock The Vote" luncheon</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <b>11/6/23</b>	Payee name <b>Bath and Body W3</b>	
Amount (\$) <b>\$72.42</b>	Payee address, City, State, Zip Code <b>Space H8C 4601 S. Broadway Ave. Tyler TX 75703</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Gifts for guest speakers</b>	Description <b>Gifts for women's luncheon "Women Rock The Vote"</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <b>11/8/23</b>	Payee name <b>LaTonia Gaston Bell</b>	
Amount (\$) <b>\$1.00</b>	Payee address, City, State, Zip Code <b>2127 Rana Park Flint TX 75762</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Account verification</b>	Description <b>Cash app test verifying acct.</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>Peetra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/19/23</b>	5 Payee name <b>Fedex Office</b>	
6 Amount (\$) <b>\$87.70</b>	7 Payee address City State Zip Code <b>4522 S. Broadway Ave Tyler TX. 75703</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising expenses</b>	(b) Description <b>Post cards + campaign fliers</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>10/19/23</b>	Payee name <b>FreeEconomy Econ US Dom</b>	
Amount (\$) <b>\$21.62</b>	Payee address City State Zip Code <b>410 Terry Ave. North, Seattle, WA 98109</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expenses</b>	Description <b>Return address labels</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>11/6/23</b>	Payee name <b>Hobby Lobby</b>	
Amount (\$) <b>\$27.70</b>	Payee address City State Zip Code <b>4712 S. Broadway Ave Tyler, TX. 75703</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event expenses</b>	Description <b>card, cards, platter</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/9/24</b>	5 Payee name <b>Designer Graphics</b>	
6 Amount (\$) <b>\$3038.84</b>	7 Payee address, City, State, Zip Code <b>12404 Hwy 155 S. Tiller, TX. 75703</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule); <b>Advertising expenses</b>	(b) Description <b>Donation from <sup>Custom</sup> Cooper Homes check #1245 paid directly to Designer Graphic</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date <b>10/12/23</b>	Payee name <b>Black Nurses Rock</b>	
Amount (\$) <b>\$50.00</b>	Payee address, City, State, Zip Code <b>P.O. Box 4423 Tiller, TX. 75712</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); <b>Event expenses</b>	Description <b>Speaker/guest appearance Campaign event per invitation</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date <b>1/13/23</b>	Payee name <b>EB 2023 State of the</b>	
Amount (\$) <b>\$60.00</b>	Payee address, City, State, Zip Code <b>2000 W. Front Street Tiller, TX. 75702</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); <b>Event expenses</b>	Description <b>State of the District Luncheon</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/23/24</b>	5 Payee name <b>Designer Graphics</b>
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6 Amount (\$) <b>\$218.02</b>	7 Payee address <b>12404 Hwy 1555 Tyler, TX 75703</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule; <b>Advertising expenses</b>	(b) Description <b>Campaign post cards</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/8/24</b>	Payee name <b>Avenue Speak (Casey Muzze)</b>
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Amount (\$) <b>\$200.00</b>	Payee address <b>5000 Edinburgh Tyler, TX 75703</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule; <b>Advertising expenses</b>	Description <b>Blogging / social media</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/8/24</b>	Payee name <b>The Print Office</b>
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Amount (\$) <b>\$85.00</b>	Payee address <b>208 E. Rusk St. Jacksonville, TX 75766</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule; <b>Advertising expenses</b>	Description <b>Campaign car magnets</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/2/24</b>	5 Payee name <b>Leadership Ttler</b>
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6 Amount (\$) <b>\$35.00</b>	7 Payee address, City, State, Zip Code <b>315 N. Broadway #202 Ttler, TX,</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule;) <b>fees</b>	(b) Description <b>Application fee</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/14/24</b>	Payee name <b>Designer Graphics / Danwal Inc DBA Designers G</b>
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Amount (\$) <b>\$27.06</b>	Payee address, City, State, Zip Code <b>12404 Hwy 1555, Ttler, TX, 75703</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;) <b>Advertising</b>	Description <b>difference owed</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>7/11/24</b>	Payee name <b>The Print office</b>
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Amount (\$) <b>\$243.56</b>	Payee address, City, State, Zip Code <b>208 E. Rusk St. Jacksonville, TX, 75766</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;) <b>Advertising expenses</b>	Description <b>1/2 payment for website development</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>Peter Hawkins</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/9/24</b>	5 Payee name <b>Kenneth Bickham</b>		
6 Amount (\$) <b>\$50.00</b>	7 Payee address, City, State, Zip Code <b>3851 Lamb Dr. Tyler, TX. 75709</b>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule); <b>Donation from candidate</b>	(b) Description <b>Campaign donation to college graduate</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought Office held
Date <b>12/11/23</b>	Payee name <b>Alma Bartley</b>		
Amount (\$) <b>\$25</b>	Payee address, City, State, Zip Code <b>15473 Hwy 64 West Tyler, TX. 75704</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); <b>Advertising expenses</b>	Description <b>Flyer for event at Caribbean Kitchen</b>	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought Office held
Date <b>12/13/24</b>	Payee name <b>Jennifer Blake (Caribbean Kitchen)</b>		
Amount (\$) <b>\$200.00</b>	Payee address, City, State, Zip Code <b>1125 E. 5th Street Tyler, TX. 75701</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); <b>Event expenses</b>	Description <b>Deposit for reserving building for 12/21/23 event</b>	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                |                                | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/21/23</b>	5 Payee name <b>Keenan Howard (Kones Entertainment)</b>	
6 Amount (\$) <b>\$200.00</b>	7 Payee address, City, State, Zip Code <b>4414 Watson Rd. Tyler, TX, 75701</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule); <b>Event expenses</b>	(b) Description <b>DJ services for campaign event 12/21/23 at Caribbean Patchen</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date <b>12/02/23</b>	Payee name <b>LaTonia Eraston</b>	
Amount (\$) <b>\$55.00</b>	Payee address, City, State, Zip Code <b>2121 Rana Park Flint, TX, 75762</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); <b>Event expenses</b>	Description <b>Campaign event</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date <b>1/14/24</b>	Payee name <b>Alma Bartley</b>	
Amount (\$) <b>\$40.20</b>	Payee address, City, State, Zip Code <b>15473 Hwy 64 West Tyler, TX, 75704</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule); <b>Donation from candidate</b>	Description <b>Black History Bowl Offer</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 <i>Rebra Hawkins</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/01/23</i>	5 Payee name <i>EB Masquerade Scholar</i>
6 Amount (\$) <i>\$121.08</i>	7 Payee address, City, State, Zip Code <i>900 West Bow Street Tyler, TX 75702</i>

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event expenses</i>	(b) Description <i>Guest candidate appearance speaking event / Scholarship Gala</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/2/23</i>	Payee name <i>EB Third Annual East</i>
------------------------	---

Amount (\$) <i>\$49.87</i>	Payee address, City, State, Zip Code <i>5701 S. Broadway Tyler, TX 75703</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event expenses</i>	Description <i>Third Annual East Texas Veterans Banquet (guest)</i>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/8/23</i>	Payee name <i>Keenan Howard (Kerog Entertainment)</i>
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Amount (\$) <i>\$50.00</i>	Payee address, City, State, Zip Code <i>4414 Watson Rd. Tyler, TX 75701</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event expenses</i>	Description <i>Deposit for campaign event at Caribbean Kitchen</i>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 <b>Petra Hawkins</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/15/24</b>		5 Payee name <b>Hackum Photos</b>			
6 Amount (\$) <b>\$30.00</b>		7 Payee address, City, State, Zip Code <b>503 CR 104 Carthage, TX. 75633</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising expenses</b>		(b) Description <b>Campaign flyer</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T		<input type="checkbox"/> Check if Austin TX officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/20/24</b>		Payee name <b>Darren Cameron</b>			
Amount (\$) <b>\$100.00</b>		Payee address, City, State, Zip Code <b>3400 Varsity Dr. Tyler, TX. 75703</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expenses</b>		Description <b>Campaign t-shirts</b>		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T		<input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/25/24</b>		Payee name <b>Grace Abbey</b>			
Amount (\$) <b>\$75.00</b>		Payee address, City, State, Zip Code <b>3001 University Blvd. Tyler, TX 75701</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expenses</b>		Description <b>Political ad for Fashionetta</b>		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T		<input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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