

# 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	FIRST <i>Petra</i>	MI	OFFICE USE ONLY			
	NICKNAME	LAST <i>Hawkins</i>	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE ZIP CODE			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>830-0313</i>	EXTENSION	Date Hand-delivered or Date Postmarked <i>City Managers Office</i>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Bobby</i>	MI	Receipt #			
	NICKNAME	LAST <i>Garmon</i>	SUFFIX	Date Processed Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #	CITY	STATE	ZIP CODE	
						<i>3837 Putting Ln, Tyler, TX 75709</i>	
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>539-8903</i>	EXTENSION				
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 <i>10</i>	Day <i>10</i>	Year <i>2023</i>	THROUGH	Month <i>4</i>	Day <i>4</i>	Year <i>2024</i>
11 ELECTION	ELECTION DATE Month <i>May</i> Day <i>4</i> Year <i>2024</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description				
12 OFFICE	OFFICE HELD (if any) <i>N/A</i>			13 OFFICE SOUGHT (if known) <i>City Council, District 2</i>			
14 NOTICE FROM POLITICAL COMMITTEE(S)	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"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	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	Petra Hawkins		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	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0	
OUTSTANDING LOAN TOTALS			

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	\$ 6607.00	
2 <input type="checkbox"/> SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0	
3 <input type="checkbox"/> SCHEDULE B PLEDGED CONTRIBUTIONS	\$ 0	
4 <input type="checkbox"/> SCHEDULE E LOANS	\$ 0	
5 <input type="checkbox"/> SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9030.67	
6 <input type="checkbox"/> SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	\$ 0	
7 <input type="checkbox"/> SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
8 <input type="checkbox"/> SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	\$ 0	
9 <input type="checkbox"/> SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0	
10 <input type="checkbox"/> SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 3038.84	
11 <input type="checkbox"/> SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
12 <input type="checkbox"/> SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0	

# 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 9/26/23	5 Full name of contributor Bobby Garmon	<input type="checkbox"/> out-of-state PAC ID# _____		7 Amount of contribution (\$) \$300.00
6 Contributor address 3837 Putting Tyler TX 75709		City	State	Zip Code
8 Principal occupation / Job title (See Instructions) Bank administrator		9 Employer (See Instructions) Citizen's 1st bank		
Date 10/22/24	Full name of contributor Tim Jones	<input type="checkbox"/> out-of-state PAC ID# _____		Amount of contribution (\$) \$250.00
Contributor address 2106 W. Gentry Pkwy #101 Tyler, TX 75702		City	State	Zip Code
Principal occupation / Job title (See Instructions) Self (Ins. Agent/Owner)		Employer (See Instructions) Tim Jones Insurance		
Date 10/26/23	Full name of contributor Eleno Liceo	<input type="checkbox"/> out-of-state PAC ID# _____		Amount of contribution (\$) \$250.00
Contributor address 1625 W. Gentry Pkwy Tyler, TX 75702		City	State	Zip Code
Principal occupation / Job title (See Instructions) Self-employed / Owner		Employer (See Instructions) Liceo Insurance		
Date 10/16/23	Full name of contributor Cassie Ashford	<input type="checkbox"/> out-of-state PAC ID# _____		Amount of contribution (\$) \$50.00
Contributor address P.O. Box 1255 Athens TX 75751		City	State	Zip Code
Principal occupation / Job title (See Instructions) Retired City of Athens		Employer (See Instructions) Retired		

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <i>Petra Hawkins</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/8/23</i>	5 Full name of contributor <i>Porraine Barnes</i> 6 Contributor address; <i>Lamb Dr. Tyler TX 75709</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions) <i>Retired RN, MSN</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>11/8/23</i>	Full name of contributor <i>Andre Crawford</i> Contributor address; <i>805 Glenwood Tyler TX 75702</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions) <i>Entrepreneur/Barber</i>		Employer (See Instructions) <i>Self (One Stop Barber Shop)</i>
Date <i>11/12/23</i>	Full name of contributor <i>Will Hersey</i> Contributor address; <i>456 W. Ervin Tyler TX 75709</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions) <i>Real Estate Developer</i>		Employer (See Instructions) <i>Self</i>
Date <i>12/1/23</i>	Full name of contributor <i>KD Dean Services, LLC</i> Contributor address; <i>12126 FM 14 Tyler, TX 75706</i>	Amount of contribution (\$) <i>\$120.00</i>
Principal occupation / Job title (See Instructions) <i>Entrepreneur</i>		Employer (See Instructions) <i>Self</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1:</p>
<p><b>2 FILER NAME</b> Petra Hawkins</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p><b>4 Date</b> 11/14/23</p>	<p><b>5 Full name of contributor</b> Yolanda Alford Hampton</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>	<p><b>7 Amount of contribution (\$)</b> \$30.00</p>
	<p><b>6 Contributor address:</b> 17572 FM 2767 Tyler, TX 75705</p>	<p>City: _____ State: _____ Zip Code</p>	
<p><b>8 Principal occupation / Job title (See Instructions)</b> Assembly Entrepreneur</p>		<p><b>9 Employer (See Instructions)</b> Ingersol Rand-TRANE / Yolanda's Tax Services</p>	
<p><b>Date</b> 12/3/23</p>	<p><b>Full name of contributor</b> Marcus Jeter</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>	<p><b>Amount of contribution (\$)</b> \$271.00</p>
	<p><b>Contributor address:</b> Tyler, TX.</p>	<p>City: _____ State: _____ Zip Code</p>	
<p><b>Principal occupation / Job title (See Instructions)</b> Self-employed</p>		<p><b>Employer (See Instructions)</b> Self</p>	
<p><b>Date</b> 12/5/23</p>	<p><b>Full name of contributor</b> Jean Washington</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>	<p><b>Amount of contribution (\$)</b> \$50.00</p>
	<p><b>Contributor address:</b> 2310 Cartwright Tyler, TX 75704</p>	<p>City: _____ State: _____ Zip Code</p>	
<p><b>Principal occupation / Job title (See Instructions)</b> Retired educator</p>		<p><b>Employer (See Instructions)</b> NA</p>	
<p><b>Date</b> 12/6/23</p>	<p><b>Full name of contributor</b> Witherspoon IP Law, PLLC</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>	<p><b>Amount of contribution (\$)</b> \$500.00</p>
	<p><b>Contributor address:</b> 7290 Crosswater Drive Tyler, TX 75703</p>	<p>City: _____ State: _____ Zip Code</p>	
<p><b>Principal occupation / Job title (See Instructions)</b> Attorney</p>		<p><b>Employer (See Instructions)</b> Self</p>	

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## 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 <i>Retra Hawkins</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/8/23</i>	5 Full name of contributor <i>Andre Crawford</i>	<input type="checkbox"/> out-of-state PAC ID# _____	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address. <i>805 N. Greenwood Tyler, TX 75702</i>		City: _____ State: _____ Zip Code: _____	
8 Principal occupation / Job title (See Instructions) <i>Self-employed barber</i>		9 Employer (See Instructions) <i>One Stop Barbershop</i>	
Date <i>11/8/23</i>	Full name of contributor <i>DeMarcus Hawkins</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$25.00</i>
Contributor address. <i>2845 Latoshia Lane Tyler, TX 75706</i>		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions) <i>Self-employed barber</i>		Employer (See Instructions) <i>One Stop Barbershop</i>	
Date <i>11/8/23</i>	Full name of contributor <i>Jeremy Vieasey</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$20.00</i>
Contributor address. <i>605 Forest Ave. Tyler, TX 75702</i>		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions) <i>Self-employed barber</i>		Employer (See Instructions) <i>One Stop Barbershop</i>	
Date <i>12/5/23</i>	Full name of contributor <i>Jean Washington</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$50.00</i>
Contributor address. <i>2310 Cartwright Tyler, TX 75702</i>		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions) <i>Retired educator</i>		Employer (See Instructions) <i>Tyler ISD</i>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# 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 <i>Petra Hawkins</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/5/24</i>	5 Full name of contributor <i>Rosalyn Gooch</i>	6 Contributor address <i>17038 Amy Ln. Flint, TX. 75762</i> <input type="checkbox"/> out-of-state PAC ID# _____	7 Amount of contribution (\$) <i>\$250.00</i>
8 Principal occupation / Job title (See Instructions) <i>CRNA</i>		9 Employer (See Instructions) <i>Christus Mother Frances Hospital</i>	
Date <i>1/6/24</i>	Full name of contributor <i>Tami Kennedy</i>	Contributor address <i>13798 Maple Dr. Tyler, TX.</i> <input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions) <i>LVN</i>		Employer (See Instructions) <i>Clairmont NH</i>	
Date <i>1/1/24</i>	Full name of contributor <i>Donald Campbell</i>	Contributor address, <i>Per. Sara</i> <input type="checkbox"/> out-of-state PAC ID# _____ <i>2818 Luther</i> City, <i>TX.</i> State, <i>75701</i> Zip Code	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>	
Date <i>2/2/24</i>	Full name of contributor <i>Gwendolyn Price</i>	Contributor address, <i>2212 W. Jackson</i> <input type="checkbox"/> out-of-state PAC ID# _____ <i>Tyler, TX. 75701</i> City, State, Zip Code	Amount of contribution (\$) <i>\$200.00</i>
Principal occupation / Job title (See Instructions) <i>Retired / Paraprofessional</i>		Employer (See Instructions) <i>N/A / Tyler ISD</i>	

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# 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 <i>Petra Hawkins</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>2/9/24</i>	5 Full name of contributor <i>C. Cooper Homes</i>	<input type="checkbox"/> out-of-state PAC ID# _____	7 Amount of contribution (\$) <i>\$3038.84</i>
6 Contributor address. <i>P.O. Box 5303</i>	City: <i>Tyler</i> State: <i>TX</i> Zip Code: <i>75712</i>	<i>Paid directly to Designer Graphics by check #1245</i>	
8 Principal occupation / Job title (See Instructions) <i>Contractor / Business Owner</i>	9 Employer (See Instructions) <i>C. Cooper Homes</i>		
Date <i>2/5/24</i>	Full name of contributor <i>Connie G. Isabell</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$75.00</i>
Contributor address <i>179 Spring Creek Rd. Longview, TX 75603</i>	City. <i></i> State. <i></i> Zip Code. <i></i>		
Principal occupation / Job title (See Instructions) <i>Educational consultant</i>	Employer (See Instructions) <i>Crawford ISD</i>		
Date <i>1/26/24</i>	Full name of contributor <i>Hattie Burgess</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$100.00</i>
Contributor address. <i>12211 FM 14, Tyler, TX 75706</i>	City. <i></i> State. <i></i> Zip Code. <i></i>		
Principal occupation / Job title (See Instructions) <i>Educator</i>	Employer (See Instructions) <i>Minion ISD</i>		
Date <i>1/20/24</i>	Full name of contributor <i>Christy Shackleford</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$100.00</i>
Contributor address. <i>1200 Carol Ln, Tyler, TX 75701</i>	City. <i></i> State. <i></i> Zip Code. <i></i>		
Principal occupation / Job title (See Instructions) <i>Self-employed Sub</i>	Employer (See Instructions) <i>Tyler ISD</i>		

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2 FILER NAME <b>Petra Hawkins</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/16/24</b>	5 Full name of contributor <b>Steven M. Morris Trust</b> <input type="checkbox"/> out-of-state PAC ID# _____	7 Amount of contribution (\$) <b>\$500.00</b>
6 Contributor address. <b>12917 CR 1139 Tyler, TX 75709</b>		City: _____ State: _____ Zip Code: _____
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 <b>Tonia Renee Dean, Kendavous</b> <input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <b>\$250.00</b>
Contributor address. <b>12126 FM 14, Tyler, TX 75706</b>		City: _____ State: _____ Zip Code: _____
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 <b>Halff Associates-State PC</b> <input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <b>\$250.00</b>
Contributor address. <b>1201 N. Bowser, Richardson, TX 75081</b>		City: _____ State: _____ Zip Code: _____
Principal occupation / Job title (See Instructions) <b>Insurance agent</b>		Employer (See Instructions) <b>Halff</b>
Date <b>1/16/24</b>	Full name of contributor <b>James &amp; Elka Kellum</b> <input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <b>\$100.00</b>
Contributor address. <b>P. O. Box 535064 Grand Prairie, TX 75053</b>		City: _____ State: _____ Zip Code: _____
Principal occupation / Job title (See Instructions) <b>Real Estate Investor / retired</b>		Employer (See Instructions) <b>Self-employed</b>

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2 FILER NAME <i>Petra Hawkins</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/17/24</i>	5 Full name of contributor <i>Kelly Williams</i>	6 Contributor address, City: State Zip Code <i>4708 Edinburgh Tyler, TX. 75703</i>
7 Amount of contribution (\$) <i>\$200.00</i>		
8 Principal occupation / Job title (See Instructions) <i>Laborer, supervisor</i>		9 Employer (See Instructions) <i>Cotton Belt Railroad</i>
Date <i>3/15/24</i>	Full name of contributor <i>James + Ella Kellum</i>	Contributor address, City. State Zip Code <i>P.O. Box 535064 Grand Prairie, TX. 75053</i>
		Amount of contribution (\$) <i>\$500.00</i>
Principal occupation / Job title (See Instructions) <i>Real Estate Investor /retired</i>		Employer (See Instructions) <i>self-employed</i>
Date <i>3/18/24</i>	Full name of contributor <i>Trent Johnson</i>	Contributor address, City. State. Zip Code <i>P.O. Box 1282 Tyler TX 75702</i>
		Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions) <i>Self-employed</i>		Employer (See Instructions) <i>Trenti Resources Hawkins West Homes AT</i>
Date <i>3/17/24</i>	Full name of contributor <i>Eddy Moose</i>	Contributor address, City. State. Zip Code <i>4220 Timms St. Tyler TX. 75701</i>
		Amount of contribution (\$) <i>\$500.00</i>
Principal occupation / Job title (See Instructions) <i>Entrepreneur /self</i>		Employer (See Instructions) <i>Moose Auto Glass</i>

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# 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 <i>Petra Hawkins</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/2/24</i>	5 Full name of contributor <i>Ranaan Carter</i> 6 Contributor address <i>467 Chambers Place, Fairview, TX 75069</i>	7 Amount of contribution (\$) <i>\$250.00</i>
8 Principal occupation / Job title (See Instructions) <i>Self</i>		9 Employer (See Instructions) <i>Craston Financial Services</i>
Date <i>4/8/23</i>	Full name of contributor <i>LaTonia Goston</i> Contributor address <i>2127 Rana Pk. Flint TX 75762</i>	Amount of contribution (\$) <i>\$1.00</i>
Principal occupation / Job title (See Instructions) <i>Self</i>		Employer (See Instructions) <i>Craston Financial Services</i>
Date <i>11/19/23</i>	Full name of contributor <i>Petra Hawkins</i> Contributor address <i>3844 Lamb Dr. Tyler, TX 75709</i>	Amount of contribution (\$) <i>\$30.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/26/24</i>	Full name of contributor <i>Lesa Walker</i> Contributor address <i>Received via Cashapp</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# 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 <i>Retra Hawkins</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>2/2/24</i>	5 Full name of contributor <i>Antwanette</i>	<input type="checkbox"/> out-of-state PAC ID# _____	7 Amount of contribution (\$) <i>\$20.00</i>
6 Contributor address. <i>Received via cashapp</i>		City. _____ State. _____ Zip Code _____	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>2/2/24</i>	Full name of contributor <i>Sharon Dews</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$5.00</i>
Contributor address. <i>Received via cashapp</i>		City. _____ State. _____ Zip Code _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/2/24</i>	Full name of contributor <i>Kenneth Bell</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$20.00</i>
Contributor address. <i>Received via cashapp</i>		City. _____ State. _____ Zip Code _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/2/24</i>	Full name of contributor <i>Melissa Jordan</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$10.00</i>
Contributor address. <i>Received via cashapp</i>		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 <i>Petra Hawkins</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>2/24</i>	5 Full name of contributor <i>Michaela Richards</i>	<input type="checkbox"/> out-of-state PAC ID# _____	7 Amount of contribution (\$) <i>\$5.00</i>
6 Contributor address <i>Received via Cashapp</i>			City: _____ State: _____ Zip Code: _____
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>2/24</i>	Full name of contributor <i>C. Jones</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$10.00</i>
Contributor address. <i>Received via Cashapp</i>			City: _____ State: _____ Zip Code: _____
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/24</i>	Full name of contributor <i>DeWanna B. Woods</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$25.00</i>
Contributor address. <i>Received via Cashapp</i>			City: _____ State: _____ Zip Code: _____
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/24</i>	Full name of contributor <i>Petria Hawkins</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$15.00</i>
Contributor address. <i>Received via Cashapp</i>			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 <i>Petra Hawkins</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/2/24</i>	5 Full name of contributor <i>Kinetha Clark</i> 6 Contributor address <i>Received via Cashapp</i>	□ out-of-state PAC ID# _____ 7 Amount of contribution (\$) <i>\$5.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/2/24</i>	Full name of contributor <i>Chotel McGee Friend</i> Contributor address <i>Received via Cashapp</i>	□ out-of-state PAC ID# _____ Amount of contribution (\$) <i>\$10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/2/24</i>	Full name of contributor <i>Rekesha Jackson</i> Contributor address <i>Received via Cashapp</i>	□ out-of-state PAC ID# _____ Amount of contribution (\$) <i>\$5.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/2/24</i>	Full name of contributor <i>Deonthe Hawkins</i> Contributor address <i>Received via Cashapp</i>	□ out-of-state PAC ID# _____ Amount of contribution (\$) <i>\$10.00</i>
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 <i>Petra Hawkins</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>2/2/24</i>	5 Full name of contributor <i>Reginald Spencer</i>	<input type="checkbox"/> out-of-state PAC ID# _____	7 Amount of contribution (\$) <i>\$60.00</i>
6 Contributor address <i>Received via Cashapp</i>		City: _____ State: _____ Zip Code: _____	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>2/2/24</i>	Full name of contributor <i>Kevin Pringle</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$5.00</i>
Contributor address <i>Received via Cashapp</i>		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/2/24</i>	Full name of contributor <i>Gynthia Black</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$5.00</i>
Contributor address <i>Received via Cashapp</i>		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/2/24</i>	Full name of contributor <i>Steane Kellum</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$50.00</i>
Contributor address <i>Received via Cashapp</i>		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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# 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 <i>Petra Hawkins</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>2/3/24</i>	5 Full name of contributor <i>Bervin Perkins, Sr.</i>	<input type="checkbox"/> out-of-state PAC ID# _____	7 Amount of contribution (\$) <i>\$5.00</i>
6 Contributor address <i>Received via Cashapp</i>		City: _____ State: _____ Zip Code: _____	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>2/3/24</i>	Full name of contributor <i>Donna Grandberry</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$50.00</i>
Contributor address. <i>Received via Cashapp</i>		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/4/24</i>	Full name of contributor <i>Medell Handy</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$5.00</i>
Contributor address. <i>Received via Cashapp</i>		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/12/24</i>	Full name of contributor <i>Lanita Hawkins</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$25.00</i>
Contributor address. <i>Received via Cashapp</i>		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# 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 <i>Petra Hawkins</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>2/15/24</i>	5 Full name of contributor <i>Petra Hawkins</i>	<input type="checkbox"/> out-of-state PAC ID# _____	7 Amount of contribution (\$) <i>\$10.00</i>
6 Contributor address <i>Received via Cashapp</i>		City. _____ State. _____ Zip Code _____	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>2/25/24</i>	Full name of contributor <i>Mack Davis</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$50.00</i>
Contributor address <i>Received via Cashapp</i>		City. _____ State. _____ Zip Code _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/3/24</i>	Full name of contributor <i>Marilyn Starting</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$50.00</i>
Contributor address <i>Received via Cashapp</i>		City. _____ State. _____ Zip Code _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/7/24</i>	Full name of contributor <i>Petra Hawkins</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$50.00</i>
Contributor address <i>Received via Cashapp</i>		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 <i>Petra Hawkins</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>3/14/24</i>	5 Full name of contributor <i>Petra Hawkins</i>	<input type="checkbox"/> out-of-state PAC ID# _____	7 Amount of contribution (\$) <i>\$150.00</i>
6 Contributor address <i>Received via Cashapp</i>			City: _____ State: _____ Zip Code: _____
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>3/17/24</i>	Full name of contributor <i>Samuel Banks</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$100.00</i>
Contributor address <i>Received via Cashapp</i>			City: _____ State: _____ Zip Code: _____
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/24/24</i>	Full name of contributor <i>Maria Brooks</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$20.00</i>
Contributor address <i>Received via Cashapp</i>			City: _____ State: _____ Zip Code: _____
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/2/24</i>	Full name of contributor <i>Mr. Ken</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$5.00</i>
Contributor address <i>Received via Cashapp</i>			City: _____ State: _____ Zip Code: _____
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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**Demand Deposit 70136361 - PETRA HAWKINS**

 PETRA HAWKINS  
 CAMPAIGN ACCOUNT  
 3844 LAMB DR  
 TYLER TX 75709

Relationship	Date of Birth	Phone Number	Tax Identification
<input checked="" type="checkbox"/> Owner/Signer	**** **, ****	*****	SSN ****-**-****

## 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 Mktpl 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	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	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address, City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule:  Advertising expenses	(b) Description  Printer ink refills
	(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	Payee name	
1/5/24	Instant Ink	
Amount (\$)	Payee address, City, State, Zip Code	
\$12.98	1501 Page Mill Rd. Palo Alto, CA 94304	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule:  Advertising expenses	Description  Printer ink refills
	<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	Payee name	
9/2/24	Instant Ink	
Amount (\$)	Payee address, City, State, Zip Code	
\$12.98	1501 Page Mill Rd. Palo Alto, CA 94304	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule:  Advertising expenses	Description  Printer ink refills
	<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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	6 Amount (\$)	
4/3/24	Instant Ink	\$15.14	
7 Payee address,	City.	State. Zip Code	
1501 Page Mill Rd.	Palo Alto, CA	94304	
8 PURPOSE OF EXPENDITURE	(a) Category : See Categories listed at the top of this schedule; Advertising expenses	(b) Description Ink for printer	
	(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	Payee name		
3/1/24	Instant Ink		
Amount (\$)	Payee address	City.	State. Zip Code
\$15.14	1501 Page Mill Rd.	Palo Alto, CA	94304
PURPOSE OF EXPENDITURE	Category : See Categories listed at the top of this schedule; Advertising expenses	Description Printer ink	
	<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	Payee name		
3/4/24	League of Women Voters		
Amount (\$)	Payee address	City	State. Zip Code
\$70.00	109 University Pl #201	Tyler, TX.	75702
PURPOSE OF EXPENDITURE	Category : See Categories listed at the top of this schedule; Donation by candidate	Description Membership fee/donation	
	<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	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	6 Amount (\$)
2/10/24	The Print Office	\$ 243.54
7 Payee address.	City.	State. Zip Code
208 E. Rusk St. Jacksonville, TX 75766		
8 PURPOSE OF EXPENDITURE	(a) Category •See Categories listed at the top of this schedule;  Advertising expenses	(b) Description  Final payment for website
(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	Payee name	
2/6/24	The Print Office	
Amount (\$)	Payee address	City State Zip Code
\$185.00	208 E. Rusk St. Jacksonville, TX 75766	
PURPOSE OF EXPENDITURE	Category •See Categories listed at the top of this schedule.  Advertising expenses	Description  Retractable banner
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense
	Candidate / Officeholder name	Office sought
		Office held
Date	Payee name	
4/4/24	EB 4th Annual T	
Amount (\$)	Payee address	City State Zip Code
\$55.20	3900 University Blvd.	Tyler, TX, 75799
PURPOSE OF EXPENDITURE	Category •See Categories listed at the top of this schedule.  Event expenses	Description  Tyler Area Alliance of Black School Educators Yellow Rose Educa
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense
	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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address	City State Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event expenses	(b) Description 2024 State of the City Luncheon	
	(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 11/21/23	Payee name Sam's Club #8284		
Amount (\$) \$25.94	Payee address 2025 SSW Loop 323	City Tyler	State TX Zip Code 75701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food/beverage expense	Description Campaign luncheon	
	<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 11/29/23	Payee name Sam's Club #8284		
Amount (\$) \$179.42	Payee address 2025 SSW Loop 323	City Tyler	State TX Zip Code 75701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food/beverage, Event expenses	Description Campaign luncheon	
	<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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address	City. State. Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule;  Donation/food	(b) Description  Donation to small business	
	(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 3/14/24	Payee name Lakeatha Williams (Money Shot Visuals)		
Amount (\$) \$100.00	Payee address 2314 Boswell St.	City. State. Zip Code Tyler, TX 75702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;  Event expenses	Description Photo Booth for campaign event	
	<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 3/15/24	Payee name Darren Cameron		
Amount (\$) \$40.00	Payee address 3400 Varsity Dr.	City. State. Zip Code Tyler, TX 75703	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;  Advertising expenses	Description Campaign t-shirts	
	<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name	6 Amount (\$)		
7/01/24	Avenue Speaks (Casey Muse)	\$200.00		
7 Payee address.	City.	State.	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule.) Advertising expenses	(b) Description Blogging/social media		
	(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	Payee name			
3/12/24	Designer Graphics			
Amount (\$)	Payee address	City	State	Zip Code
\$420.88	12404 Hwy 155.	Tyler, TX	-	75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.) Advertising expenses	Description campaign signs		
	<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	Payee name			
1/10/24	EB Power Networking B			
Amount (\$)	Payee address	City	State	Zip Code
\$15.00	3013 Earl Campbell Pkwy	Tyler, TX	-	75701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.) Event expense	Description Power Networking Breakfast		
	<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card/Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address.	City. State. Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule;  Advertising expenses	(b) Description  Campaign flyers	
	(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 3/20/24	Payee name Fedex Office		
Amount (\$) \$ 61.25	Payee address 4522 S. Broadway	City Tyler, TX	State. Zip Code 75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;  Advertising expenses	Description  8.5 x11 campaign flyers/cards	
	<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 4/01/24	Payee name City of Tyler		
Amount (\$) \$ 300.00	Payee address 212 N. Bonner	City Tyler, TX	State. Zip Code 75702
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;  Event expenses	Description  Deposit \$150 for Noble E Young Park reservation. \$150 fee for pavillion electricity	
	<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address	City	State.	Zip Code
8	(a) Category (See Categories listed at the top of this schedule;  PURPOSE OF EXPENDITURE  Donation made by candidate	(b) Description  Donation to Texas College Choir Christmas Party (Taco Bar)		
	(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	Payee name			
12/4/23	Walmart			
Amount (\$)	Payee address	City	State	Zip Code
\$93.38	3820 State Hwy 64 W	Tyler	TX.	75704
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;  Donation made by candidate	Description  Toys / Treats donated to People's MBC		
	<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	Payee name			
12/4/23	Sam's Club			
Amount (\$)	Payee address	City	State	Zip Code
\$84.84	2025 SSW Loop 323	Tyler	TX	75701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;  Event expenses	Description  Campaign meeting/luncheon		
	<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address	City. State. Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food / beverage Event expense	(b) Description  Meet & Greet at the Residences at Earl Campbell Apts.		
	(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	Payee name			
3/27/24	Home Depot			
Amount (\$)	Payee address	City	State	Zip Code
\$53.31	3901 Old Jacksonville Hwy Tyler, TX	75701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising expenses	Description  T Posts to hang campaign signs		
	<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	Payee name			
3/7/24	Office Depot / Office Max			
Amount (\$)	Payee address	City	State.	Zip Code
\$10.36	4922 S. Broadway	Tyler TX	75703	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising expenses	Description  color copies flyers		
	<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address.	City. State. Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule;  Food/beverage	(b) Description  committee meeting	
	(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 3/14/24	Payee name Family Dollar		
Amount (\$) \$ 79.02	Payee address 3508 Frankston Hst. Tyler, TX 75702	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;  Donation by candidate	Description  Easter donation to College Hill + People's MBC Youth Programs	
	<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 3/21/24	Payee name Little Caesars		
Amount (\$) \$32.88	Payee address 510 SSW Loop 323	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;  Food / beverage Donation by candidate	Description  TJ. Austin girl mentoring monthly session	
	<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 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	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address.	City.	State.	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule:  Donation by candidate	(b) Description  Pampering Princesses Mentoring by Petra Hawkins Campaign		
	(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	Payee name			
12/14/23	Family Dollar			
Amount (\$)	Payee address	City	State	Zip Code
\$ 65.14	3508 Frankston Hwy	Tyler	TX	75701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule:  Donation by candidate	Description  TJ Austin Elementary girl's mentoring program		
	<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	Payee name			
12/21/23	Hobby Lobby			
Amount (\$)	Payee address	City	State	Zip Code
\$24.49	4712 S. Broadway Ave.	Tyler	TX	75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule:  Event expenses	Description  Campaign luncheon		
	<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	3 Filer ID (Ethics Commission Filers)		
12/21/23	Petra Hawkins			
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address.	City. State. Zip Code		
\$ 108.88	100 Rice Rd. Tyler, TX 75703			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Beverage Event Expenses	(b) Description Campaign evening event		
	<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	Payee name			
12/21/23	Dollar Tree			
Amount (\$)	Payee address	City	State	Zip Code
\$ 37.50	6763 S. Broadway Ave	Tyler	TX	75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation by candidate	Description TJ Austin Elementary girl's mentoring project supplies		
	<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	Payee name			
12/21/23	Dollar Tree			
Amount (\$)	Payee address	City	State	Zip Code
\$ 81.19	6763 S. Broadway Ave	Tyler	TX	75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation by candidate	Description TJ Austin Elementary girl's mentoring project supplies		
	<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	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule, <i>Advertising expenses</i>	(b) Description <i>Roll of postage stamps</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	Payee name			
2/14/24	<i>Designer Graphics</i>			
Amount (\$)	Payee address	City	State	Zip Code
\$235.58	<i>12404 Hwy 155 South</i>	<i>Tyler, TX 75703</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule, <i>Advertising expenses</i>	Description <i>Business cards + 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	
Date	Payee name			
3/1/24	<i>Office Depot</i>			
Amount (\$)	Payee address	City	State	Zip Code
\$21.64	<i>4522 S. Broadway</i>	<i>Tyler, TX 75703</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule, <i>Advertising expenses</i>	Description <i>Printing Paper</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	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address.	City.	State.	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule;  Donation by candidate	(b) Description  TJ Austin girls mentoring program (Pampering Princesses)		
	(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 1/23/24	Payee name Prime 102			
Amount (\$) \$17.32	Payee address 102 N. College Ave	City Tyler, TX	State 75102	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;  Food expense	Description  Lunch with city official		
	<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 1/24	Payee name Fedex Office			
Amount (\$) \$41.67	Payee address 4522 S. Broadway	City Tyler, TX	State 75103	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;  Advertising expenses	Description  50 copies campaign fliers		
	<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
Advertising/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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	6 Amount (\$)	
3/26/24	Donald Sanders	\$25.00	
7 Payee address.	City.	State. Zip Code	
1120 S. Buckley	Tyler, TX.	75701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule: Donation	(b) Description Tilley bereavement donation	
	(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	Payee name		
1/8/24	Fiverr		
Amount (\$)	Payee address	City.	State Zip Code
\$25.55	8 Kaplan Street Tel Aviv 6473409 Israel		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule: Advertising expenses	Description Campaign logo	
	<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	Payee name		
2/6/24	EB 2024 East Texas Le		
Amount (\$)	Payee address	City	State Zip Code
\$118.15	2000 W. Front St. Tyler, TX. 75702		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule: Event expenses	Description East Texas Leadership Summit	
	<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date 10/30/23	5 Payee name Tyler Brookshires 51			
6 Amount (\$) \$66.00	7 Payee address 100 Rice Road	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation + Advertising expenses	(b) Description Stamps for mailing out donation letters		
	(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 10/30/23	Payee name Office Depot #2			
Amount (\$) \$87.53	Payee address 4329 Old Bullard Road		City Tyler	State TX Zip Code 75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation + Advertising expenses		Description Envelopes, labels Printing campaign flyers	
	<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 10/30/23	Payee name Office Depot #2			
Amount (\$) \$70.36	Payee address 4329 Old Bullard Road		City Tyler	State TX Zip Code 75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation + Advertising expenses		Description Printing campaign filters	
	<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <i>Petra Hawkins</i>	3 Filer ID (Ethics Commission Filers)		
4 Date <i>11/6/23</i>	5 Payee name <i>DollarTree</i>			
6 Amount (\$) <i>\$25.44</i>	7 Payee address <i>6163 S. Broadway Ave</i>	City. <i>Tyler</i>	State <i>TX</i>	Zip Code <i>75703</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event expenses</i>	(b) Description <i>"Women Rock The Vote" luncheon</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 <i></i> Office sought <i></i> Office held			
Date <i>11/6/23</i>	Payee name <i>Bath and Body W/3</i>			
Amount (\$) <i>\$72.42</i>	Payee address <i>Space H18C 4601 S. Broadway Ave.</i>	City <i>Tyler</i>	State <i>TX.</i>	Zip Code <i>75703</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gifts for guest speakers</i>	Description <i>Gifts for Women's luncheon "Women Rock The Vote"</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 <i></i> Office sought <i></i> Office held			
Date <i>11/8/23</i>	Payee name <i>LaTonia Goston Bell</i>			
Amount (\$) <i>\$1.00</i>	Payee address <i>2127 Rana Park</i>	City <i>Flint</i>	State <i>TX.</i>	Zip Code <i>75762</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Account verification</i>	Description <i>Cash app test verifying acct.</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 <i></i> Office sought <i></i> 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	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address	City.	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Advertising expenses	Post cards + campaign filters		
	(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	Payee name			
10/19/23	FreeEconomy Econ US Dom			
Amount (\$)	Payee address	City.	State	Zip Code
\$21.62	410 Terry Ave. North, Seattle, WA			98109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising expenses	Return address labels		
	<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	Payee name			
11/6/23	Hobby Lobby			
Amount (\$)	Payee address	City.	State.	Zip Code
\$27.70	47125, Broadway Ave Tyler, TX			75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Event expenses	card, cards, platter		
	<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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	6 Amount (\$)	
2/9/24	Designer Graphics	\$3038.84	
7 Payee address.	City.	State. Zip Code	
12404 Hwy 155 S.	Tyler, TX.	75703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule: Advertising expenses	(b) Description <i>Custom Donation from Cooper Homes</i> <i>check #1245 paid directly to Designer Graphic</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	Payee name		
10/12/23	Black Nurses Rock		
Amount (\$)	Payee address	City.	State Zip Code
\$50.00	P.O. Box 4923	Tyler, TX.	75712
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule: Event expenses	Description <i>Speaker/guest appearance</i> <i>Campaign event per invitation</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	Payee name		
11/13/23	EB 2023 State of the		
Amount (\$)	Payee address	City	State Zip Code
\$60.00	2000 W. Front Street	Tyler, TX.	75702
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule: Event expenses	Description <i>State of the District Luncheon</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	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address.	City.	State.	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule;  Advertising expenses	(b) Description  Campaign post cards		
	(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	Payee name			
3/3/24	Avenue Speak (Casey muze)			
Amount (\$)	Payee address	City.	State	Zip Code
\$200.00	5000 Edinburgh	tyler, tx.		75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;  Advertising expenses	Description  Blogging /social media		
	<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	Payee name			
3/8/24	The Print Office			
Amount (\$)	Payee address	City	State	Zip Code
\$85.00	208 E. Rusk St.	Jacksonville, TX.		75766
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;  Advertising expenses	Description  Campaign car magnets		
	<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card/Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address.	City. State. Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description  Application fee	
	(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	Payee name		
2/14/24	Designer Graphics / Danwan Inc DBA Designers		
Amount (\$)	Payee address	City	State Zip Code
\$27.06	12404 Hwy 1555.	Hwy, TX 75703	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising	Description  difference owed	
	<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	Payee name		
1/11/24	The Print office		
Amount (\$)	Payee address	City	State Zip Code
\$243.56	208 E. Rusk St. Jacksonville, Tx.	75766	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising expenses	Description  1/2 payment for website development	
	<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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	6 Amount (\$)	
12/9/24	Kenneth Bickham	\$50.00	
7 Payee address.	City.	State. Zip Code	
3851 Lamb Dr.	Tyler, TX.	75709	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Donation from candidate	Campaign donation to college graduate	
	(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	Payee name		
12/11/23	Alma Bartley		
Amount (\$)	Payee address	City.	State Zip Code
\$25	15473 Hwy 64 West	Tyler, TX.	75704
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising expenses	Flyer for event at Caribbean Kitchen	
	<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	Payee name		
12/13/24	Jennifer Blake (Caribbean Kitchen)		
Amount (\$)	Payee address	City	State Zip Code
\$200.00	1125 E. 5th Street	Tyler, TX.	75701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Event expenses	Deposit for reserving building for 12/13/24 event	
	<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	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name	6 Amount (\$)		
12/21/23	Keenan Howard (Keenes Entertainment)	\$200.00		
7 Payee address.	City.	State.	Zip Code	
4414 Watson Rd.	Tyler, TX.	75701		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule; Event expenses	(b) Description DJ services for campaign event 12/21/23 at Caribbean Kitchen		
	(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	Payee name			
12/02/23	LaTonia Eraston			
Amount (\$)	Payee address	City	State	Zip Code
\$55.00	2121 Rana Park	Flint	TX	75762
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule; Event expenses	Description Campaign event		
	<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	Payee name			
1/1/24	Alma Bartley			
Amount (\$)	Payee address	City	State	Zip Code
\$40.00	15473 Hwy 64 West	Tyler, TX		75704
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule; Donation from candidate	Description Black History Bowl Effor		
	<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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address	City. State. Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule;  Event expenses	(b) Description  Guest candidate appearance speaking event / Scholarship Gala	
	(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	Payee name		
11/21/23	EB Masquerade Scholar		
Amount (\$)	Payee address	City	State Zip Code
\$121.08	900 West Bow Street Tyler, TX	75702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;  Event expenses	Description  Guest candidate appearance speaking event / Scholarship Gala	
	<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	Payee name		
11/21/23	EB Third Annual East		
Amount (\$)	Payee address	City	State Zip Code
\$49.87	5701 S. Broadway	Tyler, TX	75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;  Event expenses	Description  Third Annual East Texas Veterans Banquet (guest)	
	<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	Payee name		
12/18/23	Keenan Howard (KenoG Entertainment)		
Amount (\$)	Payee address	City	State Zip Code
\$50.00	4414 Watson Rd.	Tyler, TX	75701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;  Event expenses	Description  Deposit for campaign event at Caribbean Kitchen	
	<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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address,	City. State. Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule;  Advertising expenses	(b) Description  Campaign flyer	
	(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	Payee name		
3/20/24	Darren Cameron		
Amount (\$)	Payee address	City.	State Zip Code
\$100.00	3400 Varsity Dr.	Tyler, TX 75703	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;  Advertising expenses	Description  Campaign tshirts	
	<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	Payee name		
3/25/24	Grace Abbey		
Amount (\$)	Payee address	City	State Zip Code
\$75.00	3001 University Blvd.	Tyler, TX 75701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule;  Advertising expenses	Description  Political ad for Fashionetta	
	<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