

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 RECEIVED - City Of Tyler						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE					
APR 26 2024										
<input type="checkbox"/> Change of Address										
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
City Manager's Office <small>Date Hand-delivered or Date Postmarked</small>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Bobby</i>	MI	Receipt #	Amount \$					
	NICKNAME	LAST <i>Garmon</i>	SUFFIX	Date Processed						
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	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	PHONE NUMBER	EXTENSION							
<i>(903) 539-8903</i>										
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)							
10 PERIOD COVERED	Month	Day	Year	Month	Day					
	<i>4</i>	<i>5</i>	<i>2024</i>	<i>4</i>	<i>26</i>					
11 ELECTION	ELECTION DATE		ELECTION TYPE							
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special						
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									
<table border="1"> <tr> <td rowspan="4">COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>						COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME									
	COMMITTEE ADDRESS									
	COMMITTEE CAMPAIGN TREASURER NAME									
	COMMITTEE CAMPAIGN TREASURER ADDRESS									
GO TO PAGE 2										

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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)

\$ *0*

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *2360.00*

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *2825.15*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ *1872.75*

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ *0*

18 SIGNATURE

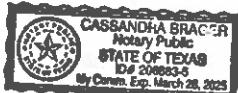
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Petra Hawkins

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by

Petra Hawkins

this the

26th day of *April*

20 *24*

to certify which, witness my hand and seal of office

Cassandra Brager

Printed name of officer administering oath

Notary

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____ and my date of birth is _____

My address is _____

Executed in _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

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	\$ 2360.00
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	\$ 2825.15
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	\$ 0
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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____	7 Amount of contribution (\$)
4/15/24	Ridge-Cap Venture Group, LLC 6 Contributor address City: State Zip Code 2440 Frankston Hwy. Tyler, TX 75701	\$200.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
CFO/Broker	Centerpiece Investments	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$)
4/24/24	Michael Craig Coker Contributor address City: State Zip Code 3025 Concord Pl. Tyler, TX 75701	\$200.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Attorney	Adams & Coker P.C.	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$)
4/18/24	Yvonne Y. Munn, George L. Munn Contributor address City: State Zip Code 4490 US Hwy. 175W. Jacksonville, TX. 75766	\$50.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Law Enforcement	unavailable	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$)
4/25/24	Gary Pinkerton Contributor address City. State. Zip Code P.O. Box 8403 Tyler, TX 75701	\$50.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Law Enforcement	Smith Co. Sheriff's Dept.	

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>4/24/24</i>	5 Full name of contributor <i>Dr. Roman Skylar, MD, MBA</i>	<input type="checkbox"/> out-of-state PAC ID# _____	7 Amount of contribution (\$) <i>\$250.00</i>
	6 Contributor address <i>6130 Brixworth Dr. Tyler, TX 75703</i>	City: _____ State: _____ Zip Code: _____	
8 Principal occupation / Job title (See Instructions) <i>Medical Doctor</i>		9 Employer (See Instructions) <i>Hospitality ER</i>	
Date <i>4/21/24</i>	Full name of contributor <i>Helen Blake</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$50.00</i>
	Contributor address. <i>Cashapp</i>	City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions) <i>Self-employed</i>		Employer (See Instructions) <i>Master Barber</i>	
Date <i>4/19/24</i>	Full name of contributor <i>Vanessa Foreman</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$125.00</i>
	Contributor address. <i>Cashapp</i>	City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions) <i>Registered Nurse</i>		Employer (See Instructions) <i>ContinenceCare Hospital</i>	
Date <i>2/2/24</i>	Full name of contributor <i>Dianna Williams</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$10.00</i>
	Contributor address. <i>11300 US 271 Tyler, TX 75708</i>	City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions) <i>Healthcare</i>		Employer (See Instructions) <i>Unsure; info not available</i>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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>4/11/24</i>	5 Full name of contributor <i>Michael Scott Jordan</i>	<input type="checkbox"/> out-of-state PAC ID# _____		7 Amount of contribution (\$) <i>\$1000.00</i>
6 Contributor address <i>2104 Dueling Oaks Tyler, TX 75703</i>	City: _____	State: _____	Zip Code: _____	
8 Principal occupation / Job title (See Instructions) <i>Entrepreneur / Business owner</i>	9 Employer (See Instructions) <i>Wagner Cadillac</i>			
Date <i>4/14/24</i>	Full name of contributor <i>Regina Williams</i>	<input type="checkbox"/> out-of-state PAC ID# _____		Amount of contribution (\$) <i>\$100.00</i>
Contributor address <i>2301 Woodlands Dr. Tyler, TX 75703</i>	City: _____	State: _____	Zip Code: _____	
Principal occupation / Job title (See Instructions) <i>Retired</i>	Employer (See Instructions) <i>Attorney General's Office</i>			
Date <i>4/19/24</i>	Full name of contributor <i>Vanessa Foreman</i>	<input type="checkbox"/> out-of-state PAC ID# _____		Amount of contribution (\$) <i>\$125.00</i>
Contributor address <i>Cashapp</i>	City: _____	State: _____	Zip Code: _____	
Principal occupation / Job title (See Instructions) <i>Registered Nurse</i>	Employer (See Instructions) <i>ContinueCare Hospital</i>			
Date <i>4/16/24</i>	Full name of contributor <i>Bettye Mitchell</i>	<input type="checkbox"/> out-of-state PAC ID# _____		Amount of contribution (\$) <i>\$100.00</i>
Contributor address <i>Cashapp</i>	City: _____	State: _____	Zip Code: _____	
Principal occupation / Job title (See Instructions) <i>Retired</i>	Employer (See Instructions) <i>N/A</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>4/25/24</i>	5 Full name of contributor <i>James Brooks</i>	6 Contributor address. <i>13088 CR 1141</i> City: <i>Tyler</i> State: <i>TX</i> Zip Code: <i>75709</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions) <i>Refined</i>		9 Employer (See Instructions) <i>Ex.</i>	
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address.	City. <i>.....</i> State. <i>.....</i> Zip Code <i>.....</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address.	City. <i>.....</i> State. <i>.....</i> Zip Code <i>.....</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address.	City. <i>.....</i> State. <i>.....</i> Zip Code <i>.....</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: Advertising expense	(b) Description Postcard mailers (500)
	(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	
4/9/24	Darren Cameron	
Amount (\$)	Payee address	City. State. Zip Code
\$20.00	14652 Highridge St.	Tyler, TX 75709
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule: Advertising expense	Description campaign t-shirt
	<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	
4/9/24	Alma Bartley (Flyer Queen Designs)	
Amount (\$)	Payee address	City. State. Zip Code
\$90.00	15473 Hwy 64 West	Tyler, TX 75704
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule: Advertising expense	Description event filters (2)
	<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 (\$)			
4/12/24	Daren Cameron	\$40.00			
7 Payee address.	City.	State.	Zip Code		
14652 Highridge St,	Tyler	TX.	75709		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule; Advertising expenses	(b) Description Campaign tshirts			
	(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	Payee address	City.	State	Zip Code
4/17/24	Sam's Club	2025 SSW Loop 323	Tyler	TX.	75701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule; Event expense	Description For early voting rally			
	<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	Payee address	City	State.	Zip Code
4/18/24	Family Dollar	3508 Frankston Hwy.	Tyler	TX.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule; Event expense	Description Pampering Princess's girl's empowering session TJ Austin Elementary			
	<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
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/Rimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expenses
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) Event expense	(b) Description Early voting rally
9 Complete ONLY if direct expenditure to benefit C/OH	(c) <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 4/21/24	Payee name Dameron Cameron	
Amount (\$) \$20.00	Payee address 146052 Highridge St. Tyler TX- 75709	City. State Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description campaign tshirts
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 4/21/24	Payee name Jenn Jenn's Peace of Cake	
Amount (\$) \$50.00	Payee address 3824 Scenic Dr. Tyler, TX- 75709	City. State. Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description (ice cream) early voting rally
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 expense	(b) Description Taco Bar Desserts Early voting rally	
	(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 4/22/24	Payee name McCoys #044		
Amount (\$) 45.81	Payee address 1000 Southwest Loop 323 Tyler, TX 75701	City.	State Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Steel T-posts for 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 4/25/24	Payee name Emmily McGree		
Amount (\$) \$250.00	Payee address 2304. W. Rosemont	City	State Zip Code
	2304. W. Rosemont	Tyler, TX. 75702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description Love thy Neighbor Meet & Greet 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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

**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 expense	(b) Description Early voting rally	
	(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		
4/15/24	Designer Graphics		
Amount (\$)	Payee address	City.	State Zip Code
\$420.88	12404 Hwy 155 South	Tyler, TX	75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule: Advertising expense	Description 4x4 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		
4/21/24	Super 1 Foods		
Amount (\$)	Payee address	City	State Zip Code
\$23.26	113 NW Loop 323 Tyler, TX. 75702		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule: Event expense	Description Early voting rally	
	<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) Donation by candidate	(b) Description Sponsorship 3 high school kids prom haircut/style	
	(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		
4/1/24	KGLD Radio		
Amount (\$)	Payee address	City.	State Zip Code
\$210.00	422 S. Spring St.	Tyler, TX. 75702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description radio commercials	
	<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		
4/9/24	Global Mailing Service, Inc.		
Amount (\$)	Payee address	City	State Zip Code
\$459.79	1015 N. Northeast Loop	Tyler, TX. 75708	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description post card mailer service	
	<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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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Rimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expenses
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)

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1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	6 Amount (\$)
4/18/24	Family Dollar	\$23.81
7 Payee address.	City.	State. Zip Code
3508 Frankston Hwy Tyler TX 75701		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule; Event expense	(b) Description Pampering Princesses TJ Austin Elem. girl's empowerment session
	(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	
4/18/24	Longhorn Steakhouse	
Amount (\$)	Payee address	City. State Zip Code
\$54.99	4705 S. Broadway	Tyler TX 75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule; Food/beverage expense	Description Campaign meeting
	<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	
4/19/24	Designer Graphics	
Amount (\$)	Payee address	City. State. Zip Code
\$35.99	12404 Hwy 155 S.	Tyler TX 75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule; Advertising expense	Description wire stakes for campaign yard 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

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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
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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 Photo Booth, banner houses Early voting rally	
	(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		
Amount (\$)	Payee address	City.	State Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule; <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	Description <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		
Amount (\$)	Payee address	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule; <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	Description <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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