

# 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

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED - City Of Tyler

APR 26 2024

City Manager's Office

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903) 830-0313

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Garmon

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

(Residence or Business)

3837 Putting Ln, Tyler, TX. 75709

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903) 539-8903

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

4 5 2024

THROUGH

Month

Day

Year

4 26 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

5 4 2024

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

City Council, District 2

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Petra Hawkins</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2360.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2825.15</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1872.75</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

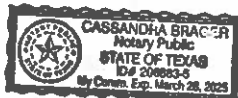
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 26<sup>th</sup> day of April

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

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	\$ 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

Petra Hawkins

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/24

5 Full name of contributor

☐ out-of-state PAC ID#

Ridge-Cap Venture Group, LLC

6 Contributor address

City

State

Zip Code

2440 Frankston Hwy. Tyler, TX 75701

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

CFO/Broker

9 Employer (See Instructions)

Centerpiece Investments

Date

4/24/24

Full name of contributor

☐ out-of-state PAC ID#

Michael Craig Coker

Contributor address

City

State

Zip Code

3025 Concord Pl. Tyler, TX 75701

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Adams & Coker P.C.

Date

4/18/24

Full name of contributor

☐ out-of-state PAC ID#

Yvonne Y. Munn, George L. Munn

Contributor address

City

State

Zip Code

4490 US Hwy. 175 W. Jacksonville, TX 75766

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

unavailable

Date

4/25/24

Full name of contributor

☐ out-of-state PAC ID#

Gary Pinkerton

Contributor address

City

State

Zip Code

P.O. Box 8403 Tyler, TX 75701

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Law Enforcement

Employer (See Instructions)

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

Petra Hawkins

3 Filer ID (Ethics Commission Filers)

4 Date

4/24/24

5 Full name of contributor

Dr. Roman Skylar, MD, MBA

☐ out-of-state PAC ID#

7 Amount of contribution (\$)

\$250.00

6 Contributor address

6130 Brixworth Dr. Tyler, TX 75703

City

State

Zip Code

8 Principal occupation / Job title (See Instructions)

Medical Doctor

9 Employer (See Instructions)

Hospitality ER

Date

4/21/24

Full name of contributor

Helen Blake

☐ out-of-state PAC ID#

Amount of contribution (\$)

\$50.00

Contributor address

Cashapp

City

State

Zip Code

Principal occupation / Job title (See Instructions)

Self-employed / Master Barber

Employer (See Instructions)

Haircut Factory

Date

4/19/24

Full name of contributor

Vanessa Foreman

☐ out-of-state PAC ID#

Amount of contribution (\$)

\$125.00

Contributor address

Cashapp

City

State

Zip Code

Principal occupation / Job title (See Instructions)

Registered Nurse

Employer (See Instructions)

ContinuCare Hospital

Date

2/2/24

Full name of contributor

Dianna Williams

☐ out-of-state PAC ID#

Amount of contribution (\$)

\$10.00

Contributor address

11300 US 271 Tyler, TX 75708

City

State

Zip Code

Principal occupation / Job title (See Instructions)

Healthcare

Employer (See Instructions)

Unsure; info not available

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.

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1 Total pages Schedule A1

2 FILER NAME

Petra Hawkins

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/24

5 Full name of contributor

☐ out-of-state PAC ID#

Michael Scott Jordan

7 Amount of contribution (\$)

\$1000.00

6 Contributor address

City

State

Zip Code

2104 Dueling Oaks Tyler, TX, 75703

8 Principal occupation / Job title (See Instructions)

Entrepreneur / Business owner

9 Employer (See Instructions)

Wagner Cadillac

Date

4/14/24

Full name of contributor

☐ out-of-state PAC ID#

Regina Williams

Amount of contribution (\$)

\$100.00

Contributor address

City

State

Zip Code

2301 Woodlands Dr. Tyler, TX, 75703

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Attorney General's Office

Date

4/19/24

Full name of contributor

☐ out-of-state PAC ID#

Vanessa Foreman

Amount of contribution (\$)

\$125.00

Contributor address

City

State

Zip Code

Cashapp

Principal occupation / Job title (See Instructions)

Registered Nurse

Employer (See Instructions)

ContinueCare Hospital

Date

4/16/24

Full name of contributor

☐ out-of-state PAC ID#

Betty Mitchell

Amount of contribution (\$)

\$100.00

Contributor address

City

State

Zip Code

Cashapp

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1

2 FILER NAME

Petra Hawkins

3 Filer ID (Ethics Commission Filers)

4 Date

4/25/24

5 Full name of contributor

James Brooks

☐ out-of-state PAC ID#

7 Amount of contribution (\$)

\$100.00

6 Contributor address.

13088 CR 1141

City:

Tyler, TX. 75709

State Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

EX

Date

Full name of contributor

☐ out-of-state PAC ID#

Amount of contribution (\$)

Contributor address.

City.

State Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC ID#

Amount of contribution (\$)

Contributor address

City.

State Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC ID#

Amount of contribution (\$)

Contributor address

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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# 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 <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/10/24</b>	5 Payee name <b>Designer Graphics</b>	
6 Amount (\$) <b>\$163.13</b>	7 Payee address. <b>12404 Hwy 155 South Tyler, TX. 75703</b> City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule; <b>Advertising expense</b>	(b) Description <b>Postcard mailers (500)</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name <b>Office sought</b> <b>Office held</b>		

Date <b>4/9/24</b>	Payee name <b>Darren Cameron</b>	
Amount (\$) <b>\$20.00</b>	Payee address <b>14652 Highridge St. Tyler, TX 75709</b> City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule; <b>Advertising expense</b>	Description <b>campaign t-shirt</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name <b>Office sought</b> <b>Office held</b>		

Date <b>4/9/24</b>	Payee name <b>Alma Bartley (Flyer Queen Designs)</b>	
Amount (\$) <b>\$90.00</b>	Payee address <b>15413 Hwy 64 West Tyler, TX, 75704</b> City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule; <b>Advertising expense</b>	Description <b>event flyers (2)</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name <b>Office sought</b> <b>Office held</b>		

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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/12/24</b>	5 Payee name <b>Darren Cameron</b>	
6 Amount (\$) <b>\$40.00</b>	7 Payee address, City, State, Zip Code <b>14652 Highridge St, Tyler TX 75709</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising expenses</b>	(b) Description <b>Campaign t-shirts</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>4/17/24</b>	Payee name <b>Sam's Club</b>		
Amount (\$) <b>\$225.00</b>	Payee address, City, State, Zip Code <b>2025 SSW Loop 323 Tyler TX 75701</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event expense</b>	Description <b>For early voting rally</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date <b>4/18/24</b>	Payee name <b>Family Dollar</b>		
Amount (\$) <b>\$28.04</b>	Payee address, City, State, Zip Code <b>3508 Frankston Hwy, Tyler TX</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event expense</b>	Description <b>Pampering Princess's girl's empowering session TJ Austin Elementary</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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 <b>Petra Hawkins</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/21/24</b>	5 Payee name <b>Super 1 Foods</b>		
6 Amount (\$) <b>\$30.07</b>	7 Payee address, City, State, Zip Code <b>113 NNW Loop 323 Tyler, TX 75702</b>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event expense</b>		(b) Description <b>Early voting rally</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>4/21/24</b>	Payee name <b>Dameron Cameron</b>		
Amount (\$) <b>\$20.00</b>	Payee address, City, State, Zip Code <b>14652 Highridge St. Tyler TX 75709</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>		Description <b>campaign t-shirts</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>4/21/24</b>	Payee name <b>Jenn Jenn's Peace of Cake</b>		
Amount (\$) <b>\$50.00</b>	Payee address, City, State, Zip Code <b>3826 scenic Dr. Tyler, TX 75709</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event expense</b>		Description <b>(ice cream) early voting rally</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME <b>Petra Hawkins</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/24/24</b>		5 Payee name <b>Emmily McGree</b>			
6 Amount (\$) <b>\$200.00</b>		7 Payee address, City, State, Zip Code <b>2304 Rosemont Tyler, TX 75702</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event expense</b>		(b) Description <b>Taco Bar / Desserts Early voting rally</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin TX officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <b>4/22/24</b>		Payee name <b>McCoy's #049</b>			
Amount (\$) <b>45.81</b>		Payee address, City, State, Zip Code <b>1000 Southwest Loop 323 Tyler, TX 75701</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>		Description <b>Steel T-posts for signs</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date <b>4/25/24</b>		Payee name <b>Emmily McGree</b>			
Amount (\$) <b>\$250.00</b>		Payee address, City, State, Zip Code <b>2304 W. Rosemont Tyler, TX 75702</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event expense</b>		Description <b>Love thy Neighbor Meet &amp; Greet Event</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
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  
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 <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/17/24</b>	5 Payee name <b>Heaven's Ritas</b>	
6 Amount (\$) <b>\$159.38</b>	7 Payee address, City, State, Zip Code <b>2501 Calbury Rd. Tyler, TX 75707</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule; <b>Event expense</b>	(b) Description <b>Early voting rally</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>4/15/24</b>	Payee name <b>Designer Graphics</b>	
Amount (\$) <b>\$420.88</b>	Payee address, City, State, Zip Code <b>12404 Hwy 155 South Tyler, TX 75703</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule; <b>Advertising expense</b>	Description <b>4x4 campaign signs</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>4/24/24</b>	Payee name <b>Super 1 Foods</b>	
Amount (\$) <b>\$23.26</b>	Payee address, City, State, Zip Code <b>113 NNW Loop 323 Tyler, TX 75702</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule; <b>Event expense</b>	Description <b>Early voting rally</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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 <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/5/24</b>	5 Payee name <b>Kimberly Shoad (Phat Headz Essentials)</b>	
6 Amount (\$) <b>\$75.00</b>	7 Payee address <b>1450 NNW Loop 323</b> City: <b>Tyler, TX.</b> State: Zip Code: <b>75702</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Donation by candidate</b>	(b) Description <b>Sponsorship 3 high school kids prom haircut/style</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>4/11/24</b>	Payee name <b>KGLD Radio</b>	
Amount (\$) <b>\$210.00</b>	Payee address <b>422 S. Spring St.</b> City: <b>Tyler, TX.</b> State: Zip Code: <b>75702</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <b>radio commercials</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>4/9/24</b>	Payee name <b>Global Mailing Service, Inc.</b>	
Amount (\$) <b>\$459.79</b>	Payee address <b>1015 N. Northeast Loop</b> City: <b>Tyler, TX.</b> State: Zip Code: <b>75708</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <b>post card mailer service</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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 <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/18/24</b>	5 Payee name <b>Family Dollar</b>	
6 Amount (\$) <b>\$23.81</b>	7 Payee address, City, State, Zip Code <b>3508 Frankston Hwy Tyler TX 75701</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event expense</b>	(b) Description <b>Dampening Princesses TJ Austin Elem. girl's empowerment session</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>4/18/24</b>	Payee name <b>Lanham Steakhouse</b>		
Amount (\$) <b>\$54.99</b>	Payee address, City, State, Zip Code <b>4705 S. Broadway Tyler TX 75703</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/beverage expense</b>	Description <b>Campaign meeting</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date <b>4/19/24</b>	Payee name <b>Designer Graphics</b>		
Amount (\$) <b>\$35.99</b>	Payee address, City, State, Zip Code <b>12404 Hwy 155 S. Tyler TX 75703</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <b>wire stakes for campaign yard signs</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>Petra Hawkins</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/24/24</b>	5 Payee name <b>Lakeatha Williams</b>	
6 Amount (\$) <b>\$300.00</b>	7 Payee address, City, State, Zip Code <b>2314 Boswell St. Tyler, TX. 7570</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event expenses</b>	(b) Description <b>Photo Booth, bounce houses Early voting rally</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought Office held		

Date	Payee name		
Amount (\$)	Payee address City, State, Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<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		
Amount (\$)	Payee address City, State, Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<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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