

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> MR FIRST <u>Petra</u> MI NICKNAME LAST <u>Hawkins</u> SUFFIX ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <u>3844 Lamb Dr, Tyler, TX. 75709</u> <input type="checkbox"/> Change of Address	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; text-align: center;">RECEIVED - City Of Tyler</div> JUN 5 2024 City Manager's Office Date Hand Delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AREA CODE PHONE NUMBER EXTENSION (903) 832-0313		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <input checked="" type="radio"/> MR FIRST <u>Bobby</u> MI NICKNAME LAST <u>Gorman</u> SUFFIX		
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <u>3837 Putting Ln, Tyler, TX 75709</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	AREA CODE PHONE NUMBER EXTENSION (903) 539-8903		
8 CAMPAIGN TREASURER PHONE	REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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)		
9 REPORT TYPE	PERIOD COVERED Month Day Year THROUGH Month Day Year <u>4 26 2024</u> <u>6 05 2024</u>		
10 PERIOD COVERED	ELECTION ELECTION DATE Month Day Year ELECTION TYPE <u>6 15 2024</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
11 ELECTION	OFFICE OFFICE HELD (if any) OFFICE SOUGHT (if known) <u>City Council, District 2</u>		
12 OFFICE	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 <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)	\$ 4295.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2854.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2952.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

Petra Hawkins

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by **Petra Hawkins** this the **5th** day of **June** 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 <i>Petra Hawkins</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4295.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 600.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2854.70
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

4/26/24

5 Full name of contributor

☐ out-of-state PAC ID#

David Hudson

7 Amount of contribution (\$)

\$250.00

6 Contributor address

City:

State

Zip Code

P.O. Box 8411 Tyler, TX. 75711

8 Principal occupation / Job title (See Instructions)

Attorney at Law

9 Employer (See Instructions)

Self

Date

5/13/24

Full name of contributor

☐ out-of-state PAC ID#

Bobby & Cheryl Garmon

Amount of contribution (\$)

\$260.00

Contributor address

City:

State

Zip Code

3837 Putting Ln Tyler, TX 75709

Principal occupation / Job title (See Instructions)

Retired Smith County

Employer (See Instructions)

N/A

Date

5/13/24

Full name of contributor

☐ out-of-state PAC ID#

K+L Recycling, LLC

Amount of contribution (\$)

\$1500.00

Contributor address

City:

State

Zip Code

4134 Chandler Hwy Tyler, TX 75702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/24

Full name of contributor

☐ out-of-state PAC ID#

Orentia Mason

Amount of contribution (\$)

\$20.00

Contributor address

City:

State

Zip Code

1707 W. 29th Tyler, TX. 75702

Principal occupation / Job title (See Instructions)

Retired TISD

Employer (See Instructions)

N/A

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

5/14/24

5 Full name of contributor

☐ out-of-state PAC ID#

LaQuita Caraway

7 Amount of contribution (\$)

\$100.00

6 Contributor address.

City:

State

Zip Code

12811 Morning Side Dr. Tyler, TX 75704

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

5/14/24

Full name of contributor

☐ out-of-state PAC ID#

Melton Timmons

Amount of contribution (\$)

\$100.00

Contributor address.

City:

State

Zip Code

16017 Goldcrest Dr, Tyler, TX 75762

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/24

Full name of contributor

☐ out-of-state PAC ID#

D. Karen Wilkerson

Amount of contribution (\$)

\$100.00

Contributor address.

City:

State

Zip Code

P.O. Box 6236 Tyler, TX 75711

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

5/14/24

Full name of contributor

☐ out-of-state PAC ID#

Vanessa Choice

Amount of contribution (\$)

\$100.00

Contributor address:

City:

State

Zip Code

216 MacArthur Tyler, TX 75704

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

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

5/14/24

5 Full name of contributor

Cardyn Davis

☐ out-of-state PAC ID#

7 Amount of contribution (\$)

\$100.00

6 Contributor address.

Cashapp

City:

State

Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

5/15/24

Full name of contributor

Smith County, Democratic Club of

☐ out-of-state PAC ID#

Amount of contribution (\$)

\$500.00

Contributor address.

City:

State

Zip Code

P.O. Box 9854 Tyler, TX 75711

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/20

Full name of contributor

Alice Snow Mosley

☐ out-of-state PAC ID#

Amount of contribution (\$)

\$100.00

Contributor address.

City:

State

Zip Code

14147 CR 1140 Tyler, TX. 75709

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

5/31/24

Full name of contributor

Jim & Shauna Lambeth

☐ out-of-state PAC ID#

Amount of contribution (\$)

\$250.00

Contributor address.

City:

State

Zip Code

18294 Lakeside Dr. Tyler, TX. 75762

Principal occupation / Job title (See Instructions)

Attorney at Law

Employer (See Instructions)

SELF

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

Petra Hawkins

3 Filer ID (Ethics Commission Filers)

4 Date

4/16/24

5 Full name of contributor

☐ out-of-state PAC ID#

Community Funeral Home of Tyler, LLC

7 Amount of contribution (\$)

\$100.00

6 Contributor address,

City

State

Zip Code

1429 N. Border Ave Tyler, TX. 75712

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/8/24

Full name of contributor

☐ out-of-state PAC ID#

Petra Hawkins

Amount of contribution (\$)

\$200.00

Contributor address,

City

State

Zip Code

3844 Lamb Dr, Tyler, TX 75709

Principal occupation / Job title (See Instructions)

Real Estate Referral Agent

Employer (See Instructions)

EXP Commercial

Date

5/20/24

Full name of contributor

☐ out-of-state PAC ID#

Darryl Bowdre

Amount of contribution (\$)

\$100.00

Contributor address,

City

State

Zip Code

Cashapp

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

5/21/24

Full name of contributor

☐ out-of-state PAC ID#

Helen Blake

Amount of contribution (\$)

\$25.00

Contributor address,

City

State

Zip Code

Cashapp

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

Petra Hawkins

3 Filer ID (Ethics Commission Filers)

4 Date

5/21/24

5 Full name of contributor

☐ out-of-state PAC ID#

Tania Bickham

7 Amount of contribution (\$)

\$50.00

6 Contributor address.

City.

State.

Zip Code

Cashapp

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/21/24

Full name of contributor

☐ out-of-state PAC ID#

Regina Williams

Amount of contribution (\$)

\$100.00

Contributor address.

City.

State.

Zip Code

Cashapp

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/03/24

Full name of contributor

☐ out-of-state PAC ID#

Shirley Layton

Amount of contribution (\$)

\$400.00

Contributor address.

City.

State.

Zip Code

Cashapp

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 Petra Hawkins	3 Filer ID (Ethics Commission Filers)
4 Date 5/11/24	5 Payee name Tyler Morning Telegraph	
6 Amount (\$) \$14.95	7 Payee address. 1300 W. Traverse Pkwy Lehi, Utah 84043 City. State. Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Archive Subscription
	(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 5/14/24	Payee name Texas College Alum	
Amount (\$) \$55.20	Payee address Eventbrite City. State. Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description Campaign event 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 5/15/24	Payee name KGLD 1330 AM	
Amount (\$) \$450.00	Payee address 422 S. Spring Ave Tyler, TX. 75702 City. State. Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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		

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 Petra Hawkins	3 Filer ID (Ethics Commission Filers)
4 Date 5/17/24	5 Payee name Alma Bartley	
6 Amount (\$) \$45.00	7 Payee address, City, State, Zip Code 15473 Hwy 64 W Tyler, TX 75704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(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 5/22/24	Payee name Ebony News Journal		
Amount (\$) \$700.00	Payee address, City, State, Zip Code Po Box 4664 Tyler, TX 75712		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description newspaper ads	
	<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 5/22/24	Payee name Designer Graphics		
Amount (\$) \$437.44	Payee address, City, State, Zip Code 12404 Hwy 155 S. Tyler, TX. 75703		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Push Card re-order	
	<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 Petra Hawkins	3 Filer ID (Ethics Commission Filers)
4 Date 5/4/24	5 Payee name Avante Massey	
6 Amount (\$) \$50.00	7 Payee address. Cashapp payment City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description payment for black walking
	(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 5/30/24	Payee name Jamaal	
Amount (\$) \$50.00	Payee address Cashapp payment City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign donation for 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 5/30/24	Payee name Alma Bartley	
Amount (\$) \$45.00 + \$25.00	Payee address BS Advertisii Cashapp payment City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 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		

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 Petra Hawkins		3 Filer ID (Ethics Commission Filers)
4 Date 5/8/24	5 Payee name Tyler Paper		
6 Amount (\$) \$21.23	7 Payee address, City, State, Zip Code 1300 W. Traverse Park Lehi, Utah 84043		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Subscription	
	(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 5/23/24	Payee name USPS		
Amount (\$) \$40.80	Payee address, City, State, Zip Code 2100 W. MLK Jr. Blvd Tyler, TX. 75102		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description stamps for campaign	
	<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 5/14/24	Payee name FedEx office		
Amount (\$) \$250.32	Payee address, City, State, Zip Code 4522 S. Broadway Ave Tyler, TX. 75703		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Push 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		

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 Petra Hawkins	3 Filer ID (Ethics Commission Filers)
4 Date 5/13/24	5 Payee name FedEx Office	
6 Amount (\$) \$226.76	7 Payee address, City, State, Zip Code 4522 S. Broadway Tyler, TX 75703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Push Cards
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule F <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 6/03/24	Payee name Darren Cameron	
Amount (\$) \$80.00	Payee address, City, State, Zip Code Cashapp Payment	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 4 t-shirts
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule F <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 5/23/24	Payee name State of the city	
Amount (\$) \$50.00	Payee address, City, State, Zip Code 2000 W. Front St. Tyler, TX 75702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Description State of the City Luncheon
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule F <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 Petra Hawkins		3 Filer ID (Ethics Commission Filers)
4 Date 5/15/24	5 Payee name Designer Graphics		
6 Amount (\$) 313.11	7 Payee address 12404 Hwy 155 S. Tyler, TX 75703 City: State: Zip Code:		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Push 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		
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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2	
2 FILER NAME Petra Hawkins				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 5/22/24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Melton Timmons			8 Amount of Contribution \$ \$600.00	9 In-kind contribution description Newspaper Ad
7 Contributor address City State Zip Code 10017 Goldcrest Dr, Tyler, TX 75762				<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired			11 Employer (FOR NON-JUDICIAL) (See Instructions) N/A		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	Amount of Contribution \$	In-kind contribution description
	Contributor address City State Zip Code		
<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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