

# 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 <b>RECEIVED - City Of Tyler</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE ZIP CODE		
	<i>3844 Lamb Dr, Tyler, TX 75709</i>					
<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>		
	<i>(903) 830-0313</i>					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Bobby</i>	MI	Receipt #		
	NICKNAME	LAST <i>Gorman</i>	SUFFIX	Amount \$		
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"/> July 15 <input checked="" type="checkbox"/> 8th day before election		<input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>4</i>	Day <i>26</i>	Year <i>2024</i>	Month <i>6</i>	Day <i>05</i>	Year <i>2024</i>
11 ELECTION	ELECTION DATE Month Day Year <i>6 15 2024</i>		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Other Description <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>City Council, District 2</i>		
14 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small>					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL				
		<input type="checkbox"/> SPECIFIC				
		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)	\$ <i>0</i>
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>4295.00</i>

EXPENDITURE  
TOTALS

3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <i>0</i>
4.	TOTAL POLITICAL EXPENDITURES	\$ <i>2854.70</i>

CONTRIBUTION  
BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>2952.81</i>
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OUTSTANDING  
LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>
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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 5<sup>th</sup> 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	Petra Hawkins	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

David Hudson

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

7 Amount of contribution (\$)

6 Contributor address

Po Box 8411 Tyler, TX 75711

City: State Zip Code

\$250.00

8 Principal occupation / Job title (See Instructions)

Attorney at Law

9 Employer (See Instructions)

Self

Date

5/13/24

Full name of contributor

Bobby & Cheryl Garmon

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

Amount of contribution (\$)

Contributor address

3837 Putting Ln Tyler, TX 75709

City: State Zip Code

\$260.00

Principal occupation / Job title (See Instructions)

Retired Smith County

Employer (See Instructions)

N/A

Date

5/13/24

Full name of contributor

KTL Recycling, LLC

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

Amount of contribution (\$)

Contributor address

4134 Chandler Hwy Tyler, TX 75702

City: State Zip Code

\$1500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/24

Full name of contributor

Orenthia Mason

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

Amount of contribution (\$)

Contributor address

1707 W. 29th Tyler, TX 75702

City: State Zip Code

\$20.00

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 <i>Petra Hawkins</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/14/24</i>	5 Full name of contributor <i>LaQuita Caraway</i>	6 Contributor address. City: _____ State: _____ Zip Code <i>12811 Morning Side Dr. Tyler, TX 75704</i>
		7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>5/14/24</i>	Full name of contributor <i>Melton Timmons</i>	Contributor address. City. _____ State. _____ Zip Code <i>10017 Goldcrest Dr. Tyler, TX 75762</i>
		Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/14/24</i>	Full name of contributor <i>D. Karen Wilkerson</i>	Contributor address. City: _____ State: _____ Zip Code <i>P. O. Box 6236 Tyler, TX 75711</i>
		Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>
Date <i>5/14/24</i>	Full name of contributor <i>Vanessa Choice</i>	Contributor address. City. _____ State: _____ Zip Code <i>216 MacArthur Tyler, TX 75704</i>
		Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>

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>5/14/24</i>	5 Full name of contributor <i>Carolyn Davis</i>	6 Contributor address. <i>Cashapp</i>
	<input type="checkbox"/> out-of-state PAC ID# _____	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>5/15/24</i>	Full name of contributor <i>Smith County, Democratic Club of</i>	Amount of contribution (\$) <i>\$500.00</i>
	Contributor address. <i>P.O. Box 9854 Tyler, TX 75711</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/20</i>	Full name of contributor <i>Alice Snow Mosley</i>	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address. <i>14147 CR 1140 Tyler, TX 75709</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>5/31/24</i>	Full name of contributor <i>Jim &amp; Shanna Lambeth</i>	Amount of contribution (\$) <i>\$250.00</i>
	Contributor address. <i>18294 Lakeside Dr. Tyler, TX 75762</i>	
Principal occupation / Job title (See Instructions) <i>Attorney at Law</i>		Employer (See Instructions) <i>Self</i>

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>4/16/24</i>	5 Full name of contributor <i>Community Funeral Home of Tyler, LLC</i>	6 Contributor address. City. State. Zip Code <i>1429 N. Border Ave Tyler, TX. 75712</i>
		7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/8/24</i>	Full name of contributor <i>Petra Hawkins</i>	Amount of contribution (\$) <i>\$200.00</i>
	Contributor address. <i>3844 Lamb Dr, Tyler, TX 75709</i>	
Principal occupation / Job title (See Instructions) <i>Real Estate Referral Agent</i>		Employer (See Instructions) <i>exp commercial</i>
Date <i>5/20/24</i>	Full name of contributor <i>Danny Bowdre</i>	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address. <i>Cashapp</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>
Date <i>5/21/24</i>	Full name of contributor <i>Helen Blake</i>	Amount of contribution (\$) <i>\$25.00</i>
	Contributor address. <i>Cashapp</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <i>Pedra Hawkins</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/21/24</i>	5 Full name of contributor <i>Toria Bickham</i>	6 Contributor address. <i>cashapp</i>
	<input type="checkbox"/> out-of-state PAC ID# _____	7 Amount of contribution (\$) <i>\$50.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/21/24</i>	Full name of contributor <i>Regina Williams</i>	<input type="checkbox"/> out-of-state PAC ID# _____
	Contributor address. <i>cashapp</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/03/24</i>	Full name of contributor <i>Shirley Layton</i>	<input type="checkbox"/> out-of-state PAC ID# _____
	Contributor address. <i>cashapp</i>	Amount of contribution (\$) <i>\$400.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC ID# _____
	Contributor address:	City. State. Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# 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 5/11/24	5 Payee name Tyler Morning Telegraph	City. State. Zip Code	
6 Amount (\$) \$14.95	7 Payee address. 1300 W. Traverse Pkwy Lehi, Utah 84043		
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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense
Date 5/15/24	Payee name KG LD 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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense

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 <i>Petra Hawkins</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>5/17/24</i>	5 Payee name <i>Alma Bartley</i>	City. State. Zip Code	
6 Amount (\$) <i>\$45.00</i>	7 Payee address. <i>15473 Hwy 64W Tyler, TX 75704</i>		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule;  <i>Advertising</i>	(b) Description  <i>campaign flyer</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>5/22/24</i>	Payee name <i>Ebony News Journal</i>		
Amount (\$) <i>\$700.00</i>	Payee address <i>Po Box 4664 Tyler, TX 75712</i>	City. State. Zip Code	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule;  <i>Advertising</i>	Description  <i>newspaper ads</i>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>5/22/24</i>	Payee name <i>Designer Graphics</i>		
Amount (\$) <i>\$437.44</i>	Payee address <i>12404 Hwy 155 S. Tyler, TX 75703</i>	City. State. Zip Code	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule;  <i>Advertising</i>	Description  <i>Push Card re-order</i>	
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 (\$)	
5/4/24	Avante Massey	\$50.00	
	7 Payee address.	City. State. Zip Code	
	Cashapp payment		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule; <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	(b) Description <input type="checkbox"/> Check if Austin TX officeholder living expense	
	Advertising	payment for block walking	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/30/24	Jamaal		
Amount (\$)	Payee address	City. State. Zip Code	
\$50.00	Cashapp payment		
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	
	Advertising	Campaign donation for event	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/30/24	Alma Baxley		
Amount (\$)	Payee address	City. State. Zip Code	
\$45.00 + \$25.00	Adverfest cashapp payment		
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	
	Advertising	Campaign flyers	
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 (\$)
5/8/24	Tyler Paper	\$21.23
	7 Payee address.	City. State. Zip Code
	1320 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	Payee name	
5/23/24	USPS	
Amount (\$)	Payee address	City. State. Zip Code
\$40.80	2100 W. MLK Jr. Blvd. Tyler, TX. 75702	
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	Payee name	
5/14/24	FedEx Office	
Amount (\$)	Payee address	City. State. Zip Code
\$250.32	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	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	City. State. Zip Code
6 Amount (\$)	7 Payee address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule; <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T Advertising	(b) Description Push Cards
9 Complete ONLY if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if Austin TX officeholder living expense 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 Advertising	Description 4 t-shirts
Complete ONLY if direct expenditure to benefit C/OH	(d) <input type="checkbox"/> Check if Austin TX officeholder living expense 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 Event	Description State of the City Luncheon
Complete ONLY if direct expenditure to benefit C/OH	(e) <input type="checkbox"/> Check if Austin TX officeholder living expense 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 <i>Petra Hawkins</i>	3 Filer ID (Ethics Commission Filers)				
4 Date <i>5/15/24</i>	5 Payee name <i>Designer Graphics</i>	6 Amount (\$) <i>313.11</i>	7 Payee address <i>12404 Hwy 155 S. Tyler, TX 75703</i>	City.	State.	Zip Code
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule;  <i>Advertising</i>	(b) Description  <i>Push cards</i>				
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address	City.	State	Zip Code		
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule;  <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	Description				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address	City	State	Zip Code		
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule;  <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	Description				
Complete <u>ONLY</u> 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													
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$													
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of Contribution \$ 9 In-kind contribution description												
5/22/24	Melton Timmons	\$600.00 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)		11 Employer (FOR NON-JUDICIAL)(See Instructions)												
Retired		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)														
<table border="1"> <tr> <td>Date</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)</td> <td>Amount of Contribution \$</td> <td>In-kind contribution description</td> </tr> <tr> <td></td> <td>Contributor address</td> <td>City</td> <td>State, Zip Code</td> </tr> <tr> <td></td> <td colspan="3"><input type="checkbox"/> Check if travel outside of Texas Complete Schedule T</td> </tr> </table>			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		
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.