

# 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 <input checked="" type="checkbox"/> MRS / MR	FIRST <b>Petra</b>	<b>OFFICE USE ONLY</b>  Date Received  <b>RECEIVED - City Of Tyler</b>  <b>JUL 15 2024</b>  Date Hand Delivered to City Manager's Office  Receipt #      Amount \$  Date Processed  Date Imaged	
	NICKNAME	LAST <b>Hawkins</b>		SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX      APT / SUITE #      CITY      STATE      ZIP CODE			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(903) 830-0313</b>			
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST <b>Bobby</b>		
	NICKNAME	LAST <b>Garman</b>		SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)      APT / SUITE #      CITY      STATE      ZIP CODE <b>3837 Putting Lane, Tyler, TX. 75709</b>			
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(903) 539-8903</b>			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>June 6th 2024</b> <b>July 15th 2024</b>			
11 ELECTION	ELECTION DATE Month      Day      Year <b>June 15th 2024</b>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <b>First Semiannual Report</b>		
12 OFFICE	OFFICE HELD (if any)      OFFICE SOUGHT (if known) <b>City Council, District 2</b>			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

# 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	\$ 1373.70
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	\$ 2890.29
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

6/6/24

5 Full name of contributor

☐ out-of-state PAC ID#

Grayford Hughey

6 Contributor address,

City,

State,

Zip Code

305 Ferrell Place, Tyler, TX. 75702

7 Amount of contribution (\$)

\$1600.00

8 Principal occupation / Job title (See Instructions)

Attorney at Law

9 Employer (See Instructions)

Self

Date

6/5/24

Full name of contributor

☐ out-of-state PAC ID#

Bobby Garmon

Contributor address,

City,

State,

Zip Code

3827 Rutting Tyler, TX. 75709

Amount of contribution (\$)

\$350.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/6/24

Full name of contributor

☐ out-of-state PAC ID#

Katrina Collins

Contributor address,

City,

State,

Zip Code

Anedot donation

Amount of contribution (\$)

\$23.70

Principal occupation / Job title (See Instructions)

Principal

Employer (See Instructions)

Dallas ISD

Date

Full name of contributor

☐ out-of-state PAC ID#

Contributor address,

City,

State,

Zip Code

Amount of contribution (\$)

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  
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 6/14/24	5 Payee name Sam's Club	
6 Amount (\$) \$334.64	7 Payee address 2025 SSW Loop 323 Tyler, TX 75701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Event expense	(b) Description Election Watch Party
	(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 6/23/24	Payee name Lakeatha Williams (Money Shot Visuals)
Amount (\$) \$200.00	Payee address Cashapp payment City State Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense
	Description 360 Photo Booth
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 6/25/24	Payee name Lakeatha Williams (Money Shot Visuals)
Amount (\$) \$100.00	Payee address Cashapp payment City State Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense
	Description 360 Photo Booth
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T
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>6/26/24</b>	5 Payee name <b>Vicki Marsh</b>	
6 Amount (\$) <b>\$100.00</b>	7 Payee address, City, State, Zip Code <b>Cashapp payment</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing expense</b>	(b) Description <b>Campaign fliers / Thank You Notes</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
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Date <b>6/28/24</b>	Payee name <b>Wal Mart Supercenter</b>	
Amount (\$) <b>\$35.35</b>	Payee address, City, State, Zip Code <b>2151 Frankston Hwy Tyler, TX. 75701</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation Food / Beverage</b>	Description <b>Church + Community Luncheon</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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Date <b>6/27/24</b>	Payee name <b>Super 1 Foods</b>	
Amount (\$) <b>\$41.90</b>	Payee address, City, State, Zip Code <b>1800 South High Longview, TX. 75602</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation Food / Beverage / Event</b>	Description <b>Church + Community Luncheon</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>6/13/24</b>	5 Payee name <b>Lakeatha Williams (Money Shot Visuals)</b>	
6 Amount (\$) <b>\$200.00</b>	7 Payee address <b>Cashapp payment</b> City: State: Zip Code:	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event expense / Donation</b>	(b) Description <b>Tyler Area Black Real Estate Professionals Black &amp; White Jazz Night</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>6/23/24</b>	Payee name <b>Queenom Kreations</b>	
Amount (\$) <b>\$20.00</b>	Payee address <b>Cashapp Payment</b> City: State: Zip Code:	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event expense</b>	Description <b>Flyer for SWearing-in</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>6/18/24</b>	Payee name <b>Shalitra Medlock</b>	
Amount (\$) <b>\$100.00</b>	Payee address <b>Cashapp Payment</b> City: State: Zip Code:	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</b>	Description <b>JT class of '89</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>6/15/24</b>	5 Payee name <b>Heaven's Rita</b>	
6 Amount (\$) <b>\$150.00</b>	7 Payee address <b>Cashapp Payment</b> City: State: Zip Code:	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event expense Food/Beverage</b>	(b) Description <b>Election Day Event</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>6/13/24</b>	Payee name <b>Teresa Ray</b>	
Amount (\$) <b>\$45.00</b>	Payee address <b>Cashapp Payment</b> City: State: Zip Code:	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</b>	Description <b>Tyler Area Black Real Estate Professionals Event 2 Admissions</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>6/13/24</b>	Payee name <b>Tish Cross</b>	
Amount (\$) <b>\$15.00</b>	Payee address <b>Cashapp Payment</b> City: State: Zip Code:	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</b>	Description <b>Tyler Area Black Real Estate Professionals Event 1 admission</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>6/3/24</b>	5 Payee name <b>Ebony News Journal</b>	
6 Amount (\$) <b>\$400.00</b>	7 Payee address <b>P.O. Box 4664</b> City: <b>Tyler, TX</b> State: <b>TX</b> Zip Code: <b>75712</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Newspaper Ad</b>
	(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 <b>7/8/24</b>	Payee name <b>Longview News Journal</b>	
Amount (\$) <b>\$14.95</b>	Payee address <b>P.O. Box 2767</b> City: <b>Longview, TX</b> State: <b>TX</b> Zip Code: <b>75606</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Archives access for Tyler Paper</b>
	<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 <b>7/5/24</b>	Payee name <b>NAREB Events</b>	
Amount (\$) <b>\$698.00</b>	Payee address <b>9831 Greenbelt Road, Lanham, MD 20706</b> City: <b>Lanham</b> State: <b>MD</b> Zip Code: <b>20706</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event expense</b>	Description <b>Housing Convention</b>
	<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 _____		

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)
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4 Date <b>6/10/24</b>	5 Payee name <b>Longview News Journal</b>
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6 Amount (\$) <b>\$14.95</b>	7 Payee address <b>P.O. Box 2767</b>	City <b>Longview, TX</b>	State <b>TX</b>	Zip Code <b>75606</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>fees</b>	(b) Description <b>tyler paper Archives</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	<input type="checkbox"/> Check if Austin TX officeholder living expense
	Office sought	Office held

Date <b>6/14/24</b>	Payee name <b>Sam's Club</b>
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Amount (\$) <b>\$83.64</b>	Payee address <b>2025 SSW Loop 323</b>	City <b>Tyler, TX</b>	State <b>TX</b>	Zip Code <b>75701</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food / Beverage Event expense</b>	Description <b>Campaign Watch Party</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	<input type="checkbox"/> Check if Austin TX officeholder living expense
	Office sought	Office held

Date <b>6/15/24</b>	Payee name <b>Pizza Hut</b>
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Amount (\$) <b>\$153.86</b>	Payee address <b>3511 state hwy 64</b>	City <b>Tyler, TX</b>	State <b>TX</b>	Zip Code <b>75704</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food / Beverage Event expense</b>	Description <b>Campaign Watch Party</b>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	<input type="checkbox"/> Check if Austin TX officeholder living expense
	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  
Food  
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>6/13/24</b>	5 Payee name <b>Queenom Creations</b>	
6 Amount (\$) <b>\$15.00</b>	7 Payee address. <b>Cashapp payment</b> City. State. Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Fltr</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	

9 Complete ONLY if direct expenditure to benefit C/OH

Date <b>6/15/24</b>	Payee name <b>Heaven's Rite</b>	Candidate / Officeholder name	Office sought	Office held
Amount (\$) <b>\$168.00</b>	Payee address <b>Cashapp payment</b>	City.	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event (Food/Beverage)</b>	Description <b>Freedom Rally PT Code Park</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T			
<input type="checkbox"/> Check if Austin TX officeholder living expense				

Date	Payee name	Candidate / Officeholder name	Office sought	Office held
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				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>Petra Hawkins</i>		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>1373.70</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2890.29</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1406.22</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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 *15th* day of *July* 20*24*, to certify which, witness my hand and seal of office.

*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)