

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)	2 Total pages filed		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Petra</i>	MI	OFFICE USE ONLY			
	NICKNAME	LAST <i>Hawkins</i>	SUFFIX	Date Received RECEIVED - City Of Tyler			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE		
JUL 15 2024							
<input type="checkbox"/> Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>830-0313</i>	EXTENSION	Date Hand Delivered City Manager's Office			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Bobby</i>	MI	Receipt #			
	NICKNAME	LAST <i>Garman</i>	SUFFIX	Amount \$			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # <i>3837 Putting Lane, Tyler, TX 75709</i>			STATE	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>539-8903</i>	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <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>June</i>	Day <i>6th</i>	Year <i>2024</i>	Month <i>July</i>	Day <i>15th</i>	Year <i>2024</i>	
11 ELECTION	ELECTION DATE Month Day Year <i>June 15th 2024</i>		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Other Description <i>First Semiannual Report</i>				
12 OFFICE	OFFICE HELD (if any) <i>City Council, District 2</i>			13 OFFICE SOUGHT (if known)			
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					
		<input type="checkbox"/> SPECIFIC					
		COMMITTEE ADDRESS					
		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 <i>Petra Hawkins</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>6/6/24</i>	5 Full name of contributor <i>Grayford Hughey</i>	<input type="checkbox"/> out-of-state PAC ID# _____	7 Amount of contribution (\$) <i>\$1600.00</i>
6 Contributor address. <i>305 Ferrell Place, Tyler, TX 75702</i>		City, State, Zip Code	
8 Principal occupation / Job title (See Instructions) <i>Attorney at Law</i>		9 Employer (See Instructions) <i>Self</i>	
Date <i>6/5/24</i>	Full name of contributor <i>Bobby Garmon</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$350.00</i>
Contributor address. <i>3827 Puffing Tyler, TX 75709</i>		City, State, Zip Code	
Principal occupation / Job title (See Instructions) <i>Principal</i>		Employer (See Instructions) <i>Dallas ISD</i>	
Date	Full name of contributor <i>Katrina Collins</i>	<input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$23.70</i>
Contributor address. <i>Anedot donation</i>		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 <i>Petra Hawkins</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/14/24</i>	5 Payee name <i>Sam's Club</i>	6 Amount (\$) <i>\$334.64</i>
7 Payee address. <i>2025 SSW Loop 323</i>	City. <i>Tyler, TX.</i>	State. Zip Code <i>75701</i>
8 PURPOSE OF EXPENDITURE <i>Food / Beverage Event expense</i>	(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage Event expense</i>	(b) Description <i>Election Watch Party</i>
9 Complete ONLY if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T Candidate / Officeholder name <i>Lakeatha Williams (Money Shot Visuals)</i>	<input type="checkbox"/> Check if Austin TX officeholder living expense Office sought Office held
Date <i>6/23/24</i>	Payee name <i>Lakeatha Williams (Money Shot Visuals)</i>	Payee address <i>Cashapp payment</i>
Amount (\$) <i>\$200.00</i>	City State Zip Code	City State Zip Code
PURPOSE OF EXPENDITURE <i>Event expense</i>	Category (See Categories listed at the top of this schedule) <i>Event expense</i>	Description <i>360 Photo Booth</i>
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T Candidate / Officeholder name <i>Lakeatha Williams (Money Shot Visuals)</i>	<input type="checkbox"/> Check if Austin TX officeholder living expense Office sought Office held
Date <i>6/25/24</i>	Payee name <i>Lakeatha Williams (Money Shot Visuals)</i>	Payee address <i>Cashapp payment</i>
Amount (\$) <i>\$100.00</i>	City State Zip Code	City State Zip Code
PURPOSE OF EXPENDITURE <i>Event expense</i>	Category (See Categories listed at the top of this schedule) <i>Event expense</i>	Description <i>360 Photo Booth</i>
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T Candidate / Officeholder name <i>Lakeatha Williams (Money Shot Visuals)</i>	<input type="checkbox"/> Check if Austin TX officeholder living expense 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 Expenses
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <i>Rebra Hawkins</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/26/24</i>	5 Payee name <i>Vicki Marsh</i>	
6 Amount (\$) <i>\$100.00</i>	7 Payee address. <i>Cashapp payment</i>	City. State. Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing expense</i>	(b) Description <i>Campaign flyers/Thank You Notes</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>6/28/24</i>	Payee name <i>Wal-Mart Supercenter</i>	
Amount (\$) <i>\$35.35</i>	Payee address <i>2151 Frankston Hwy Tyler, TX. 75701</i>	City. State Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation Food/Beverage</i>	Description <i>Church + Community Luncheon</i>
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 <i>6/27/24</i>	Payee name <i>Super 1 Foods</i>	
Amount (\$) <i>\$41.90</i>	Payee address <i>1800 South High</i>	City State. Zip Code <i>Longview, TX. 75602</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation Food/Beverage/Event</i>	Description <i>Church + Community Luncheon</i>
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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fee	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 (\$)
6/13/24	Lakeatha Williams (Money Shot Visuals)	\$200.00
	7 Payee address.	City, State, Zip Code
	Cashapp payment	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule; Event expense/Donation	(b) Description Tyler Area Black Real Estate Professionals Black & White Jazz Night
	(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	
6/23/24	Quendom Kreations	
Amount (\$)	Payee address	City, State, Zip Code
\$20.00	Cashapp Payment	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule; Event expense	Description Flyer for swearing-in
	<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	
6/18/24	Shalitris Medlock	
Amount (\$)	Payee address	City, State, Zip Code
\$100.00	Cashapp Payment	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule; Donation	Description JT Class of '89
	<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	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 (\$)
6 (15/24)	Heaven's Rita	\$150.00
7 Payee address.	City, State, Zip Code	Cashapp Payment
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense Food/ Beverage	(b) Description Election Day Event
9 Complete ONLY if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T Candidate / Officeholder name	<input type="checkbox"/> Check if Austin, TX officeholder living expense Office sought Office held
Date	Payee name	
6/13/24	Teresa Roy	
Amount (\$)	Payee address	City State Zip Code
\$ 45.00	Cashapp payment	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Tyler Area Black Real Estate Professionals Event 2 Admission
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T Candidate / Officeholder name	<input type="checkbox"/> Check if Austin, TX officeholder living expense Office sought Office held
Date	Payee name	
6/13/24	Tish Gross	
Amount (\$)	Payee address	City State Zip Code
\$15.00	Cashapp payment	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Tyler Area Black Real Estate Professionals Event 1 admission
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T 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

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 (\$)
600.00	Ebony News Journal	7 Payee address
		City. State. Zip Code
	P.O. Box 46664	Tyler, TX. 75712
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule: Advertising	(b) Description Newspaper Ad
	(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	
7/18/24	Longview News Journal	
Amount (\$)	Payee address	City. State. Zip Code
314.95	P.O. Box 2767	Longview, TX. 75606
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule: Fees	Description Archives access for Tyler Paper
	<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	
7/15/24	NAREB Events	
Amount (\$)	Payee address	City. State. Zip Code
1698.00	9831 Greenbelt Road, Lanham, MD 20706	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule: Event expense	Description Housing Convention
	<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	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>6/10/24</i>	5 Payee name <i>Longview News Journal</i>	6 Amount (\$) <i>\$14.95</i>	7 Payee address <i>P.O. Box 2767</i>	City. <i>Longview, TX</i>	State. <i>TX</i>	Zip Code <i>75606</i>
8 PURPOSE OF EXPENDITURE	(a) Category - See Categories listed at the top of this schedule; <i>fees</i>	(b) Description <i>Tyler Paper Archives</i>				
9 Complete ONLY if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T Candidate / Officeholder name <i></i>	<input type="checkbox"/> Check if Austin TX officeholder living expense Office sought <i></i>	<input type="checkbox"/> Check if Austin TX officeholder living expense Office held <i></i>			
Date <i>6/11/24</i>	Payee name <i>Sam's Club</i>	Payee address <i>2025 SSW Loop 323</i>	City. <i>Tyler, TX</i>	State <i>TX</i>	Zip Code <i>75701</i>	
Amount (\$) <i>\$83.64</i>	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T Candidate / Officeholder name <i></i>	<input type="checkbox"/> Check if Austin TX officeholder living expense Office sought <i></i>	<input type="checkbox"/> Check if Austin TX officeholder living expense Office held <i></i>			
PURPOSE OF EXPENDITURE	Category - See Categories listed at the top of this schedule. <i>Food / Beverage Event expense</i>	Description <i>Campaign Watch Party</i>				
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T Candidate / Officeholder name <i></i>	<input type="checkbox"/> Check if Austin TX officeholder living expense Office sought <i></i>	<input type="checkbox"/> Check if Austin TX officeholder living expense Office held <i></i>			
Date <i>6/15/24</i>	Payee name <i>Pizza Hut</i>	Payee address <i>3811 State Hwy 64</i>	City <i>Tyler, TX</i>	State <i>TX</i>	Zip Code <i>75704</i>	
Amount (\$) <i>\$153.86</i>	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T Candidate / Officeholder name <i></i>	<input type="checkbox"/> Check if Austin TX officeholder living expense Office sought <i></i>	<input type="checkbox"/> Check if Austin TX officeholder living expense Office held <i></i>			
PURPOSE OF EXPENDITURE	Category - See Categories listed at the top of this schedule. <i>Food / Beverage Event expense</i>	Description <i>Campaign Watch Party</i>				
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T Candidate / Officeholder name <i></i>	<input type="checkbox"/> Check if Austin TX officeholder living expense Office sought <i></i>	<input type="checkbox"/> Check if Austin TX officeholder living expense Office held <i></i>			

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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	Fee	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidates/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Credit Card/Payment	Legal Services		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 10/13/24	5 Payee name Querendom Kreation Petra Hawkins	6 Amount (\$) \$15.00
7 Payee address. cashapp payment	City.	State. Zip Code
8 PURPOSE OF EXPENDITURE Advertising	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Hher
(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 6/5/24	Payee name Heaven's Rita	
Amount (\$) \$168.00	Payee address cashapp payment	City. State Zip Code
PURPOSE OF EXPENDITURE Event (Food/Beverage)	Category (See Categories listed at the top of this schedule) Event (Food/Beverage)	Description Freedom Rally PT Cde Park
(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T		<input type="checkbox"/> Check if Austin TX officeholder living expense
Candidate / Officeholder name		Office sought
		Office held
Date	Payee name	
Amount (\$)	Payee address	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T		<input type="checkbox"/> Check if Austin TX officeholder living expense
Candidate / Officeholder name		Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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)

\$ *1373.70*

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *2890.29*

CONTRIBUTION
BALANCE

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

\$ *1406.22*

OUTSTANDING
LOAN TOTALS

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

\$ *0*

18 SIGNATURE

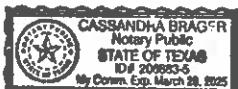
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 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)