

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00080005	2 Total pages filed: 73	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Kristen Brauchle	MI 	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/14/2023
	NICKNAME	LAST Hawkins	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 66816 Houston, TX 77266		Date Hand-delivered or Date Postmarked	
			Receipt # Amount	
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Amber J'Na	MI 	
	NICKNAME	LAST Burton	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 77 Sugar Creek Blvd. Ste 600 Sugar Land, TX 77479			
7 CAMPAIGN TREASURER PHONE	AREA CODE (832)	PHONE NUMBER 326-7765	EXTENSION	
8 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)			
9 PERIOD COVERED	Month Day Year 01/01/2023		THROUGH Month Day Year 06/30/2023	
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) District Judge District 11 Harris		12 OFFICE SOUGHT (if known) District Judge District 11	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 73

13 C / OH NAME Hawkins, Kristen Brauchle (The Honorable) **14 Filer ID** (Ethics Commission Filers)
00080005

15 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.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	114,523.06
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	34,572.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	204,074.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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.

The Honorable Kristen Brauchle Hawkins

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		19 Filer ID 00080005	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	111,928.94
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	2,594.12
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	31,232.69
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	3,340.25
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	68.79

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/36 Rpt: 4/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 05/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmad Zavitsanos Anaipakos Alavi & Mensing <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77010-2021	7 Amount of Contribution (\$) \$5,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amaro, James <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-3914	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Amaro Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ammons, Rob <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-4624	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Ammons Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/36 Rpt: 5/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anastasio, Abigail 6 Contributor address; City; State; Zip Code Houston, TX 77002-2161	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews Meyers Contributor address; City; State; Zip Code Houston, TX 77056-4175	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Kurt Contributor address; City; State; Zip Code Houston, TX 77007-7007	Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Arnold & Itkin LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/36 Rpt: 6/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aziz, Muhammad	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77002-1707	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Abraham Watkins Nichols Agosto Aziz & Stogner		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baron, Lisa	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75209-1501	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Baron and Blue PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barone, Mary	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77005-1738	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/36 Rpt: 7/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton Law Firm	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77007-5429	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck Redden LLP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77010-2029	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bickham, Tom	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77098-1722	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Bickham Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/36 Rpt: 8/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackmon, Henry	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78403-2587	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Law Office		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boundas, John	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77024-3116	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Williams Hart		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boutros, Stephen	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77056-1971	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Stephen Boutros LTD.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/36 Rpt: 9/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley Arant Boulton Cummings Texas PAC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Dallas, TX 75270-2107		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Sandy	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77005-2004		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callahan, Bryce	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77007-5037		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Yetter Coleman LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/36 Rpt: 10/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Kevin <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77055-4509	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Roven Camp PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cokinos Young <hr/> Contributor address; City; State; Zip Code Houston, TX 77010	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, Hunter <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-2100	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Craft Law Firm P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/36 Rpt: 11/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criaco, Adam	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77060-4063	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Criaco and Samperi		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Joshua	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77002-6311	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Davis Law Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De la Rosa, Oscar	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77056-2076	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/36 Rpt: 12/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Di Ferrante, Chris 6 Contributor address; City; State; Zip Code Houston, TX 77008-4701	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drinnon, Rodney Contributor address; City; State; Zip Code Houston, TX 77027-3744	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Managing Partner		Contributor's Job Title Attorney
Contributor's employer/law firm McCathern Houston		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fazal, Fermeen Contributor address; City; State; Zip Code Bellaire, TX 77401-4602	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/36 Rpt: 13/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernelius, Steve <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006-1908	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fibich, Tommy <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-1848	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Fibich Leebron Copeland Briggs		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleetwood, Michael <hr/> Contributor address; City; State; Zip Code Lakewood, CO 80215-7043	Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/36 Rpt: 14/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 05/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fogler Brar O'Neil & Gray LLP <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77010-1018	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley II, Taft <hr/> Contributor address; City; State; Zip Code Houston, TX 77054-1301	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Foley Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Juan <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-4922	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Johnson Garcia LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/36 Rpt: 15/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Michael 6 Contributor address; City; State; Zip Code Houston, TX 77096-4430	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Chelsie King Contributor address; City; State; Zip Code Humble, TX 77396-3793	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gederberg, Thomas Contributor address; City; State; Zip Code Houston, TX 77025-3815	Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/36 Rpt: 16/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsby, Edward <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-3607	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gourrier, Joseph <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-2325	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guss, Stewart <hr/> Contributor address; City; State; Zip Code Houston, TX 77070-4625	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Stewart J. Guss Attorney at Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 14/36 Rpt: 17/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 05/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadi, Husein	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-3822	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm The Hadi Law Firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardin, Rusty	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77005-3420	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Rusty Hardin & Associates		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Jim	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77059-4410	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Williams Hart Boundas Easterby LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/36 Rpt: 18/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Havins, John <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77098-4051	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Nina <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-6137	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Susan and Robert <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3423	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 16/36 Rpt: 19/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 05/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes and Boone PAC 6 Contributor address; City; State; Zip Code Richardson, TX 75082-4109	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Mary Contributor address; City; State; Zip Code Houston, TX 77005-3443	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert, Kyle Contributor address; City; State; Zip Code Houston, TX 77046-3408	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
(Empty space for additional information)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 17/36 Rpt: 20/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Ana <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77251-1287	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation State Representative		9 Contributor's Job Title State Representative
10 Contributor's employer/law firm State of Texas		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Rolando <hr/> Contributor address; City; State; Zip Code Houston, TX 77266-6246	Amount of Contribution (\$) \$20.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks Thomas <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-2723	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

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2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffer, Stewart <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-4822	7 Amount of Contribution (\$) \$150.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne Rota Moos LLP <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-2141	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horowitz, Daniel <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-8769	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Law Office of Daniel D. Horowitz III PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 19/36 Rpt: 22/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Husain, Nomaan	7 Amount of Contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code Houston, TX 77057-5650		
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Husain Law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irelan, Bradford	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77004-1000		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Irelan McDaniel PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Itkin, Jason	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Houston, TX 77007-7007		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Arnold & Itkin LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 20/36 Rpt: 23/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khawaja, Omar <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077-1486	7 Amount of Contribution (\$) \$2,500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Law offices of Omar khawaja		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkpatrick, Eric <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-5904	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Kirkpatrick Law Office		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishinevsky, Leo <hr/> Contributor address; City; State; Zip Code Houston, TX 77080-4510	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 21/36 Rpt: 24/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knapp, Mary <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-2150	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kretzer, Seth <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-1059	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Seth Kretzer		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kretzer, Seth <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-1059	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Seth Kretzer		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 22/36 Rpt: 25/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeRoy, Tracy 6 Contributor address; City; State; Zip Code Houston, TX 77024-4701	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leach & Minnick P.C. Contributor address; City; State; Zip Code Houston, TX 77098-2033	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowenberg Law Firm PLLC Contributor address; City; State; Zip Code Houston, TX 77056-5330	Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 23/36 Rpt: 26/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manji, Abel <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-4875	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Hird Chu & Lawji PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcum, Gregory <hr/> Contributor address; City; State; Zip Code Houston, TX 77046-0102	Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matias J Adroque PLLC <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-4101	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 24/36 Rpt: 27/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClellan, Brad	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Austin, TX 78703-2250	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMillan Law Firm PLLC	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Houston, TX 77002-6324	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyn, Anne	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77005-2735	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 25/36 Rpt: 28/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muessig, Craig <hr/> 6 Contributor address; City; State; Zip Code Baytown, TX 77521-4118	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Northcutt, Frances <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-5832	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORourke, Sean <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554-1100	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 26/36 Rpt: 29/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pappas, Chris <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77056-3627	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Pete <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-5857	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter Hedges LLP <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-6341	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 27/36 Rpt: 30/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rapp & Krock PC 6 Contributor address; City; State; Zip Code Houston, TX 77056-3970	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Jeff Contributor address; City; State; Zip Code San Antonio, TX 78212-1750	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Ray Pena McChristian PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed Smith LLP Contributor address; City; State; Zip Code Houston, TX 77002-6110	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 28/36 Rpt: 31/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ringquist, DJ <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-2732	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts Markland LLP <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-7604	Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin Young & Company <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-1734	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 29/36 Rpt: 32/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schutza, Jerry 6 Contributor address; City; State; Zip Code Houston, TX 77005-1654	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheehy Ware & Pappas Contributor address; City; State; Zip Code Houston, TX 77010-1008	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mark Contributor address; City; State; Zip Code Houston, TX 77098-1134	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm BakerHostetler		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
(Empty space for additional information)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 30/36 Rpt: 33/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 05/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snooks, Daniel Joseph <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77034-4599	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorola-Pohlman, Lenora <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-3049	Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorrels, Randall <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-8250	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Sorrels Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 31/36 Rpt: 34/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spagnoletti, Marcus <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002-1629	7 Amount of Contribution (\$) \$5,000.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Spagnoletti Law Firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurlock, Kim <hr/> Contributor address; City; State; Zip Code Humble, TX 77346-3478	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Spurlock Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart J. Guss & Associates <hr/> Contributor address; City; State; Zip Code Houston, TX 77070	Amount of Contribution (\$) \$558.94
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 32/36 Rpt: 35/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Storey, JoAnn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007-3674	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumner, Linda <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2245	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talbot, Eva <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-5002	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Retired		Contributor's Job Title N/A
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 33/36 Rpt: 36/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Buchanan Law Office P.C.	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77059	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Kruckemeyer Law Firm	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Houston, TX 77007-8155	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson Coe Cousins & Iron LLP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75201-2824	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 34/36 Rpt: 37/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilton, Michael 6 Contributor address; City; State; Zip Code Houston, TX 77004-5855	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vuong, David Contributor address; City; State; Zip Code Houston, TX 77082-2212	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of David C. Vuong		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker & Hunter PC Contributor address; City; State; Zip Code Houston, TX 77027-5904	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 35/36 Rpt: 38/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webster, Jason	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77036-3320	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, S. Scott	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77479-4922	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The West Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wexler, Noah	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77007-7035	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Arnold & Itkin LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 36/36 Rpt: 39/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 05/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yetter Coleman LLP <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002-6125	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yetter, Paul <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-7571	Amount of Contribution (\$) \$750.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Yetter Coleman LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zehl, Ryan <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-3708	Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Zehl & Associates		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 40/73	
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/07/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avram Blair & Associates P.C.	8 Amount of contribution (\$) \$2,005.48	9 In-kind contribution description Kickoff event catering.
	7 Contributor address; City; State; Zip Code Bellaire, TX 77401-2339	<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)	
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 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart J. Guss & Associates	Amount of contribution (\$) \$588.64	In-kind contribution description Event expenses
	Contributor address; City; State; Zip Code Houston, TX 77070	<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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/23 Rpt: 41/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
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4 Date 01/27/2023	5 Payee name AT&T Conference Center
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6 Amount (\$) \$372.48	7 Payee address; City; State; Zip Code 1900 University Ave. Austin, TX 78705
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for conference
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/30/2023	Payee name AT&T Conference Center
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Amount (\$) \$328.31	Payee address; City; State; Zip Code 1900 University Ave. Austin, TX 78705
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for conference
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/12/2023	Payee name Area 5 Democrats
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Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 608 Pasadena, TX 77501
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/23 Rpt: 42/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 04/24/2023	5 Payee name Bloomberg	
6 Amount (\$) \$415.00	7 Payee address; City; State; Zip Code 731 Lexington Avenue New York, NY 10022	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2023	Payee name BlueHost	
Amount (\$) \$4.25	Payee address; City; State; Zip Code 10 Corporate Drive Burlington, MA 01803	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website domain hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2023	Payee name BlueHost	
Amount (\$) \$4.25	Payee address; City; State; Zip Code 10 Corporate Drive Burlington, MA 01803	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website domain hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/23 Rpt: 43/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 03/03/2023	5 Payee name BlueHost	
6 Amount (\$) \$4.25	7 Payee address; City; State; Zip Code 10 Corporate Drive Burlington, MA 01803	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website domain hosting
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/03/2023	Payee name BlueHost	
Amount (\$) \$4.25	Payee address; City; State; Zip Code 10 Corporate Drive Burlington, MA 01803	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website domain hosting
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/26/2023	Payee name BlueHost	
Amount (\$) \$242.33	Payee address; City; State; Zip Code 10 Corporate Drive Burlington, MA 01803	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website domain hosting
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 4/23 Rpt: 44/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 01/30/2023	5 Payee name Brooks IT Services	
6 Amount (\$) \$64.95	7 Payee address; City; State; Zip Code PO Box 926202 Houston, TX 77292	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign IT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/28/2023	Candidate/Officeholder name Brooks IT Services	
Amount (\$) \$64.95	Office sought PO Box 926202 Houston, TX 77292	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign IT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/06/2023	Candidate/Officeholder name Brooks IT Services	
Amount (\$) \$125.00	Office sought PO Box 926202 Houston, TX 77292	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign IT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 5/23 Rpt: 45/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 03/29/2023	5 Payee name Brooks IT Services	
6 Amount (\$) \$64.95	7 Payee address; City; State; Zip Code PO Box 926202 Houston, TX 77292	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign IT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/01/2023	Payee name Brooks IT Services	
Amount (\$) \$66.47	Payee address; City; State; Zip Code PO Box 926202 Houston, TX 77292	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign IT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/20/2023	Payee name Brooks IT Services	
Amount (\$) \$61.40	Payee address; City; State; Zip Code PO Box 926202 Houston, TX 77292	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign IT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 6/23 Rpt: 46/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
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4 Date 06/07/2023	5 Payee name Campaign Warriors
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6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 14237 E. Sam Houston Parkway N. Suite 200 Houston, TX 77044
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/06/2023	Payee name Cardona, James
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Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 5216 Leeland St. Houston, TX 77023
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/02/2023	Payee name Cardona, James
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Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 5216 Leeland St. Houston, TX 77023
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 7/23 Rpt: 47/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/01/2023	5 Payee name Cardona, James	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 5216 Leeland St. Houston, TX 77023	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2023	Payee name Cardona, James	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 5216 Leeland St. Houston, TX 77023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/12/2023	Payee name Cardona, James	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 5216 Leeland St. Houston, TX 77023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 8/23 Rpt: 48/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/12/2023	5 Payee name Cardona, James	
6 Amount (\$) \$562.44	7 Payee address; City; State; Zip Code 5216 Leeland St. Houston, TX 77023	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/26/2023	Payee name Cedar & Spokes	
Amount (\$) \$9.56	Payee address; City; State; Zip Code 2125 Western Ave #100 Seattle, WA 98121	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meal during conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/06/2023	Payee name Curb Mobility LLC	
Amount (\$) \$43.20	Payee address; City; State; Zip Code 11-11 34th Ave Queens, NY 11116	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Taxi in New Orleans during CLE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 9/23 Rpt: 49/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 04/14/2023	5 Payee name Firehouse Subs	
6 Amount (\$) \$227.00	7 Payee address; City; State; Zip Code 2702 Yale St Houston, TX 77008	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense High school mock trial tournament
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/09/2023	Payee name Franks Pizza	
Amount (\$) \$79.00	Payee address; City; State; Zip Code 417 Travis St Houston, TX 77002-1807	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Jury
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2023	Payee name Grammarly	
Amount (\$) \$153.50	Payee address; City; State; Zip Code 548 Market Street San Francisco, CA 94104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 10/23 Rpt: 50/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 03/10/2023	5 Payee name HOUSTON BAR FOUNDATION	
6 Amount (\$) \$2,600.00	7 Payee address; City; State; Zip Code 1111 Bagby St Ste 200 Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/29/2023	Payee name HOUSTON BAR FOUNDATION	
Amount (\$) \$260.00	Payee address; City; State; Zip Code 1111 Bagby St Ste 200 Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2023	Payee name Hawkins, Kristen (Judge)	
Amount (\$) \$3,340.25	Payee address; City; State; Zip Code PO Box 66816 Houston, TX 77266-6816	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 11/23 Rpt: 51/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/23/2023	5 Payee name Herkimer Coffee	
6 Amount (\$) \$10.10	7 Payee address; City; State; Zip Code 2101 4th Ave Seattle, WA 98121	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal during conference
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2023	Payee name Houston Bar Association	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1111 Bagby St Ste 200 Houston, TX 77002-2592	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation, Pride mixer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2023	Payee name Houston Bar Sections	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1111 Bagby FLB 200 Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CLE event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 12/23 Rpt: 52/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/20/2023	5 Payee name Houston LGBT Caucus PAC	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code PO Box 66664 Houston, TX 77266-6664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/06/2023	Payee name Houston Lawyers Association Foundation	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 300009 Houston, TX 77230-0009	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/01/2023	Payee name Houston Lawyers Association Foundation	
Amount (\$) \$83.00	Payee address; City; State; Zip Code PO Box 300009 Houston, TX 77230-0009	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation, HLA Gala
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 13/23 Rpt: 53/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
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4 Date 03/21/2023	5 Payee name Hover.com
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6 Amount (\$) \$150.03	7 Payee address; City; State; Zip Code 96 Mowat Avenue Toronto Ontario M6K3M1 Canada
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website hosting
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/24/2023	Payee name Hover.com
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Amount (\$) \$150.03	Payee address; City; State; Zip Code 96 Mowat Avenue Toronto M6K3M1 Canada
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website hosting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/26/2023	Payee name Hover.com
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Amount (\$) \$16.67	Payee address; City; State; Zip Code 96 Mowat Avenue Toronto M6K3M1 Canada
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website hosting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 14/23 Rpt: 54/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 03/15/2023	5 Payee name La Palapa Downtown	
6 Amount (\$) \$96.52	7 Payee address; City; State; Zip Code 1110 Preston St Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tacos for judges
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2023	Payee name Leadership Houston	
Amount (\$) \$129.53	Payee address; City; State; Zip Code 4306 Yoakum Blvd. Suite 350 Houston, TX 77006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/14/2023	Payee name League of Women Voters	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4001 N Shepherd Dr Ste 213 Houston, TX 77018-5507	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 15/23 Rpt: 55/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/26/2023	5 Payee name Marriott	
6 Amount (\$) \$1,538.60	7 Payee address; City; State; Zip Code 2100 Alaskan Wy Seattle, WA 98121	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for Lyceum conference
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/04/2023	Payee name Meyerland Area Democrats	
Amount (\$) \$21.00	Payee address; City; State; Zip Code PO Box 310061 Houston, TX 77231-0061	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/07/2023	Payee name Michael's Cookie Jar	
Amount (\$) \$60.90	Payee address; City; State; Zip Code 5330 Wesleyan St Houston, TX 77005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for high school mock trial event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 16/23 Rpt: 56/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
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4 Date 03/23/2023	5 Payee name National Association of Women Judges
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6 Amount (\$) \$263.17	7 Payee address; City; State; Zip Code 1341 Connecticut Ave NW Ste 1138 Washington, DC 20036-1836
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/06/2023	Payee name New Orleans Airport
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Amount (\$) \$16.78	Payee address; City; State; Zip Code 1 Terminal Dr Kenner, LA 70062
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food at airport while attending CLE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/22/2023	Payee name Nirmal's
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Amount (\$) \$27.12	Payee address; City; State; Zip Code 106 Occidental Ave S Seattle, WA 98104
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal during conference
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 17/23 Rpt: 57/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/26/2023	5 Payee name Olympia Coffee	
6 Amount (\$) \$121.90	7 Payee address; City; State; Zip Code 3840 California Ave SW Seattle, WA 98116	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts for Texas Lyceum planning committee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/06/2023	Payee name Omni Royal Orleans	
Amount (\$) \$512.96	Payee address; City; State; Zip Code 621 St Louis St New Orleans, LA 70130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for CLE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2023	Payee name Paragon	
Amount (\$) \$1,320.82	Payee address; City; State; Zip Code 1505 N Hydin Rd. Ste. 110 Pittsburgh, PA 15257-0001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 18/23 Rpt: 58/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
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4 Date 05/01/2023	5 Payee name Paragon
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6 Amount (\$) \$22.50	7 Payee address; City; State; Zip Code 1505 N Hydin Rd. Ste. 110 Pittsburgh, PA 15257-0001
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/03/2023	Payee name Paragon
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Amount (\$) \$22.50	Payee address; City; State; Zip Code 1505 N Hydin Rd. Ste. 110 Pittsburgh, PA 15257-0001
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/02/2023	Payee name Paragon
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Amount (\$) \$22.50	Payee address; City; State; Zip Code 1505 N Hydin Rd. Ste. 110 Pittsburgh, PA 15257-0001
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 19/23 Rpt: 59/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
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4 Date 02/02/2023	5 Payee name Paragon
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6 Amount (\$) \$22.50	7 Payee address; City; State; Zip Code 1505 N Hydin Rd. Ste. 110 Pittsburgh, PA 15257-0001
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/03/2023	Payee name Paragon
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Amount (\$) \$22.50	Payee address; City; State; Zip Code 1505 N Hydin Rd. Ste. 110 Pittsburgh, PA 15257-0001
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/30/2023	Payee name Run Sister Run
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Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. BOX 66470 Houston, TX 77266
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 20/23 Rpt: 60/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
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4 Date 04/05/2023	5 Payee name Serve Hope International
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6 Amount (\$) \$81.00	7 Payee address; City; State; Zip Code 4420 Amherst Ave Dallas, TX 75225
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee for the jury room
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/21/2023	Payee name South Asian Bar Assoc., Houston
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Amount (\$) \$75.00	Payee address; City; State; Zip Code PO BOX 4178 Houston, TX 77210
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/17/2023	Payee name South Asian Bar Assoc., Houston
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Amount (\$) \$100.00	Payee address; City; State; Zip Code PO BOX 4178 Houston, TX 77210
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 21/23 Rpt: 61/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 04/13/2023	5 Payee name South Texas College of Law	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1303 San Jacinto St Houston, TX 77002-7006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2023	Payee name State Bar of Texas	
Amount (\$) \$26.00	Payee address; City; State; Zip Code 1414 Colorado St. Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CLE materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2023	Payee name Texas Board of Legal Specialization	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 505 E. Huntland Drive Suite 400 Austin, TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 22/23 Rpt: 62/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
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4 Date 04/19/2023	5 Payee name Texas Lyceum
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6 Amount (\$) \$875.00	7 Payee address; City; State; Zip Code 6046 Azalea Ln. Dallas, TX 75230-3406
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/27/2023	Payee name Texas Lyceum
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Amount (\$) \$295.00	Payee address; City; State; Zip Code 6046 Azalea Ln. Dallas, TX 75230-3406
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/13/2023	Payee name Treebeard's
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Amount (\$) \$337.97	Payee address; City; State; Zip Code 315 Travis St Houston, TX 77002
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for summer interns
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 23/23 Rpt: 63/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/05/2023	5 Payee name Vonlane	
6 Amount (\$) \$238.00	7 Payee address; City; State; Zip Code 1200 Louisiana St Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel outside of district
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/16/2023	Payee name Weights & Measures	
Amount (\$) \$1,865.50	Payee address; City; State; Zip Code 2808 Caroline Houston, TX 77004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense breakfast for constituents
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/12/2023	Payee name ZOOM	
Amount (\$) \$159.80	Payee address; City; State; Zip Code 55 ALMADEN BOULEVARD San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Conferencing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/7 Rpt: 64/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 02/01/2023	5 Payee name Herbsaint	
6 Amount (\$) \$69.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 701 St Charles Ave, New Orleans, LA 70130	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner at CLE in NOLA
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 05/29/2023	Payee name Hitchcock Cafe	
Amount (\$) \$27.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 818 1st Ave Seattle, WA 98104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal in Seattle for Lyceum trip
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 05/29/2023	Payee name Lyft	
Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 185 Berry St San Francisco , CA 94107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in Seattle for Lyceum
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 2/7 Rpt: 65/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 01/28/2023	5 Payee name Lyft	
6 Amount (\$) \$13.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 185 Berry St San Francisco , CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lyceum conference in Austin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/27/2023	Payee name Lyft	
Amount (\$) \$15.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 185 Berry St San Francisco , CA 94107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lyceum conference in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/29/2023	Payee name Marriott	
Amount (\$) \$1,018.59 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2100 Alaskan Wy Seattle, WA 98121	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for Seattle Lyceum trip.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 3/7 Rpt: 66/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 05/29/2023	5 Payee name Seattle Ferry	
6 Amount (\$) \$9.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 801 Alaskan Wy Seattle, WA 98104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense travel in Seattle for Lyceum
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/29/2023	Payee name Terra Plata	
Amount (\$) \$127.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1501 Melrose Ave Seattle, WA 98122	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner in Seattle for Lyceum trip
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/29/2023	Payee name The Parking Spot	
Amount (\$) \$52.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7601 Airport Blvd Houston, TX 77061	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IAH parking during Seattle Lyceum trip
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 4/7 Rpt: 67/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 01/25/2023	5 Payee name Tiny Boxwoods	
6 Amount (\$) \$51.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1503 W 35th St. Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lunch LBJ Women's Campaign School in Austin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/29/2023	Payee name Uber	
Amount (\$) \$31.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 182 Howard St San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in Seattle for Lyceum
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/29/2023	Payee name Uber	
Amount (\$) \$20.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 182 Howard St San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in Seattle for Lyceum
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 5/7 Rpt: 68/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 05/29/2023	5 Payee name Uber	
6 Amount (\$) \$36.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 182 Howard St San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in Seattle for Lyceum
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2023	Payee name Uber	
Amount (\$) \$22.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 182 Howard St San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to dinner at CLE in NOLA
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2023	Payee name Uber	
Amount (\$) \$26.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 182 Howard St San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to airport at CLE in NOLA
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 6/7 Rpt: 69/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 05/29/2023	5 Payee name United Airlines	
6 Amount (\$) \$913.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 233 South Wacker Drive Chicago, IL 60606	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare to Seattle for Lyceum
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2023	Payee name United Airlines	
Amount (\$) \$279.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 233 South Wacker Drive Chicago, IL 60606	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare from New Orleans to Houston
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/27/2023	Payee name United Airlines	
Amount (\$) \$398.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 233 South Wacker Drive Chicago, IL 60606	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare to McAllen for Lyceum Conf
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 7/7 Rpt: 70/73	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4 Date 02/03/2023	5 Payee name Vintage NOLA	
6 Amount (\$) \$36.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3121 Magazine Street New Orleans, LA 70115	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense breakfast while at CLE in NOLA
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/29/2023	Payee name Westward Restaurant	
Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2501 N Northlake Way Seattle, WA 98103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal in Seattle for Lyceum trip
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2023	Payee name Yellow Cab	
Amount (\$) \$65.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1406 Hays St Houston, TX 77009	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense taxi from airport
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 71/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 06/23/2023	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$13.18
	6 Address of person from whom amount is received; City; State; Zip Code Houston , TX 77251-1315	
	7 Purpose for which amount is received Monthly Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/22/2023	Name of person from whom amount is received Frost Bank	Amount (\$) \$10.02
	Address of person from whom amount is received; City; State; Zip Code Houston , TX 77251-1315	
	Purpose for which amount is received Monthly Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/24/2023	Name of person from whom amount is received Frost Bank	Amount (\$) \$12.02
	Address of person from whom amount is received; City; State; Zip Code Houston , TX 77251-1315	
	Purpose for which amount is received Monthly Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/22/2023	Name of person from whom amount is received Frost Bank	Amount (\$) \$10.16
	Address of person from whom amount is received; City; State; Zip Code Houston , TX 77251-1315	
	Purpose for which amount is received Monthly Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/23/2023	Name of person from whom amount is received Frost Bank	Amount (\$) \$10.97
	Address of person from whom amount is received; City; State; Zip Code Houston , TX 77251-1315	
	Purpose for which amount is received Monthly Interest <input type="checkbox"/> Check if political contribution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 72/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 01/25/2023	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$12.44
	6 Address of person from whom amount is received; City; State; Zip Code Houston , TX 77251-1315	
	7 Purpose for which amount is received Monthly Interest	<input type="checkbox"/> Check if political contribution returned to filer

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: Sch: 1/1 Rpt: 73/73
2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee United Airlines		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input checked="" type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
6 Dates of Travel 12/06/2022 12/06/2022	7 Name of person(s) traveling Hawkins, Kristen (Judge)	
	8 Departure city or name of departure location Houston	
	9 Destination city or name of destination location Seattle	
10 Means of transportation Commercial Airplane	11 Purpose of travel (including name of conference, seminar, or other event) Airfare for Lyceum conference	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee United Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input checked="" type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel 12/09/2022 12/09/2022	Name of person(s) traveling Hawkins, Kristen (Judge)	
	Departure city or name of departure location Seattle	
	Destination city or name of destination location Houston	
Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Return flight from Lyceum conference	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee United Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input checked="" type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel 02/03/2023 02/03/2023	Name of person(s) traveling Hawkins, Kristen (Judge)	
	Departure city or name of departure location New Orleans	
	Destination city or name of destination location Houston	
Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Return airfare from New Orleans CLE	