FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080005 70 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Kristen Brauchle NAME Date Received **ELECTRONICALLY FILED** 01/15/2024 NICKNAME LAST **SUFFIX** Hawkins CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Amber J'Na NAME NICKNAME LAST **SUFFIX** Burton **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 326-7765 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 11 Harris District Judge District 11

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 70

13 C / OH NAME Hawkins, Kristen Brauchle (The Honorable) 14 Filer ID 00080005				(Ethics Com	nmission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exp These expenditures may have been made w. I officeholders are required to report this infor	ithout the candidate's or offic	eholder's kn	owledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL	OOMMITTEE ADDRESS							
	SPECIFIC	COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NA	AME						
		COMMITTEE CAMPAIGN TREASURER AD	DDRESS						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER ES OF LOANS, OR CONTRIBUTIONS MADI		\$	0.00				
		CAL CONTRIBUTIONS		\$	134,605.00				
EXPENDITURE	,	PLEDGES, LOANS, OR GUARANTEES OF ZED POLITICAL EXPENDITURES	LOANS)	\$	0.00				
TOTALS	4. TOTAL POLIT	CAL EXPENDITURES							
				\$	71,142.40				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TRIOD	THE LAST DAY OF THE	\$	276,588.90				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD	NS AS OF THE LAST DAY	\$	0.00				
17 AFFIDAVIT									
			penalty of perjury, that the acudes all information required code.						
		The Hon	orable Kristen Brauchle F	ławkins					
		Signat	ture of Candidate or Officeho	older					
AFFIX NO	TARY STAMP / SEAL AB	DVE							
		aid			day				
of	, 20, to co	ertify which, witness my hand and seal of offic	ce.						
Signature of office	cer administering oath	Printed name of officer administering or	ath Title of office	 er administer	ing oath				
-	- ggg								

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

					3 of 70		
_	ER NAN	ME Kristen Brauchle (The Honorable)	19 Filer ID 00080005	(Ethi	ics Commission Filers)		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	132,105.00		
2.	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				2,500.00		
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$				
4.		SCHEDULE E(J): LOANS (JUDICIAL)	\$				
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	71,142.40			
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$			
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	681.34		

	MONET	ARY POLITICAL		SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/34 Rpt: 4/70	
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorab	le)		3	Filer ID (Ethics Commission Filers) 00080005	
4	Date 10/24/2023	5 Full name of contributor Adler, Jim6 Contributor address; City; S			7	Amount of Contribution (\$) \$5,000.00	
		Houston, TX 77027-3274	1				
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's of Jim Adler &	employer/law firm Associates		11 Law firm of contributor's sp	oous	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)	1			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2023 Ahmad, Sufi Contributor address; City; State; Zip Code				\$5,000.00		
		Houston, TX 77019-5917	7				
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)	I			
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	10/24/2023	Ammons, Rob	_ ` `			\$2,500.00	
	Contributor's I	rincipal Occupation		Contributor's Job Title	-		
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	Ammons Lav	w Firm					
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 2/34 Rpt: 5/70
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Hawkins, Kr	sten Brauchle (The Honorab	le)		00080005
4	Date 10/24/2023	5 Full name of contributor Andrews Myers6 Contributor address; City; S	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$500.00
		Houston, TX 77056-4175	5		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	
10	Contributor's	Contributor's employer/law firm 11 Law firm of contributor's sp			pouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	Out of state DAC (ID#:	,	Amount of Contribution (\$)
	10/04/2023 Armstrong, Scott Contributor address; City; State; Zip Code		out-of-state PAC (ID#:_)	\$5,000.00
			State; Zip Code		
		Houston, TX 77055-3434	1		
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
		employer/law firm		Law firm of contributor's s	pouse (if any)
	Armstrong L	ee & Baker LLP			
	If contributor i	s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/27/2023	Baker Botts Amicus Fund	d		\$2,500.00
	Contributor address;		State; Zip Code		
		Houston, TX 77002-4916	5		
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)	l	

	MONET	ARY POLITICAL CONT	TRIBUTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to co	mplete this form.	1 Total pages Schedule A(J)1: Sch: 3/34 Rpt: 6/70
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Hawkins, Kr	sten Brauchle (The Honorable)		00080005
4	Date	5 Full name of contributor out-c	of-state PAC (ID#:)	7 Amount of Contribution (\$)
	10/24/2023	Baker Hostetler LLP	\$2,000.00	
		6 Contributor address; City; State; Zip	Code	
		Cleveland, OH 44114-3482		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	spouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (if any)		
H	Date	Full name of contributor out-c	of-state PAC (ID#:)	Amount of Contribution (\$)
	10/25/2023	Beck, David	of state 1 AO (10#)	\$1,000.00
		Contributor address; City; State; Zip	 Code	··
		Houston, TX 77010-2029		
	Contributor's	I Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	Beck Redde	n LLP		
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-o	of-state PAC (ID#:)	Amount of Contribution (\$)
	12/04/2023	Beck, David		\$1,000.00
		Contributor address; City; State; Zip	Code	
		Houston, TX 77010-2029		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
		employer/law firm	Law firm of contributor's s	spouse (if any)
	Beck Redde			
	If contributor i	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 4/34 Rpt: 7/70	
2	FILER NAME				3 Filer ID (Ethics Commission Filers)	_
	Hawkins, Kr	isten Brauchle (The Honorab	le)		00080005	
4	Date 10/25/2023	5 Full name of contributor BoyarMiller6 Contributor address; City; S	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$500.00)
		Houston, TX 77098-3130)			
8	Contributor's	I Principal Occupation		9 Contributor's Job Title		
10	Contributor's employer/law firm 11 Law firm of contributor's sp			spouse (if any)	_	
12	! If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	=
	07/01/2023	Bryan, Sandy	out-or-state i AC (ID#	,	\$100.00)
		Contributor address; City; \$				
	Ot-iletl	Houston, TX 77005-2004	+	Occasionate de Tide		_
	Retired	Principal Occupation		Contributor's Job Title Retired		
		employer/law firm		Law firm of contributor's s	spouse (if any)	_
	Retired				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	If contributor i	s a child, law firm of parent(s) (if	any)			_
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	=
	12/31/2023	Bush & Ramirez PLLC	_		\$200.00)
Contributor address; City; State; Zip C						
		Houston, TX 77057-4002	2	T		
	Contributor's	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if	any)	<u> </u>		_

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete t	this f	orm.	1	Total pages Schedule A(J)1: Sch: 5/34 Rpt: 8/70
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080005
4	Date 11/08/2023	 5 Full name of contributor out-of-state PAC Butler Kidd, Tammy 6 Contributor address; City; State; Zip Code Houston, TX 77056-3204 	C (ID#:_		7	Amount of Contribution (\$) \$1,000.00
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title	_	
	Attorney			Attorney		
10	Contributor's e	employer/law firm ed		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		I		
	Date	Full name of contributor ut-of-state PAC	C (ID#:)		Amount of Contribution (\$)
	10/25/2023	Cardwel, Suzan Contributor address; City; State; Zip Code Houston, TX 77006-4020				\$250.00
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Cardwell & C	Chang PLLC				
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor ut-of-state PAC	C (ID#:_			Amount of Contribution (\$)
	10/18/2023	Chamberlain Hrdlicka White Williams & Au Contributor address; City; State; Zip Code Bellaire, TX 77401-2806	ughtry 	PC		\$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL		SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/34 Rpt: 9/70	
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorat	ole)		3	Filer ID (Ethics Commission Filers) 00080005	
4	Date 10/25/2023	5 Full name of contributor Coulter P.C.6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.0	
		Houston, TX 77098-180	8				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)	
12	! If contributor i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	10/17/2023 Cox, Collin (Mr.) Contributor address; City; State; Zip Code				\$1,000.0		
		Houston, TX 77027-411	3				
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Partner			Partner			
		employer/law firm		Law firm of contributor's sp	oous	se (if any)	
		n & Crutcher LLP					
	If contributor i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	ī	Amount of Contribution (\$)	
	12/31/2023	Craft, Hunter	_			\$1,000.0	
Contributor address; City; State; Zip Code							
	Contributor's I	Houston, TX 77006-102 Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney	Thiopai Occupation		Attorney			
		employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	Craft Law Fi						
	If contributor i	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 7/34 Rpt: 10/70
2	FILER NAME	The December of The Line of			3 Filer ID (Ethics Commission Filers)
	Hawkins, Kr	isten Brauchle (The Honoral	oie) 		00080005
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	10/25/2023	Daly & Black PC			\$2,500.00
		6 Contributor address; City;	State; Zip Code		
		Houston, TX 77098-403	80		
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any)
12	2 If contributor i	s a child, law firm of parent(s) (i	f any)	1	
H	Date	Full name of contributor	D out of state BAC (ID#)		Amount of Contribution (\$)
	11/27/2023	Davidson, Mark	out-of-state PAC (ID#:		\$100.00
	11/2//2023		State: 7in Code		
		Contributor address; City;	State, Zip Code		
		Bellaire, TX 77401-4219)		
	Contributor's	I Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
		employer/law firm		Law firm of contributor's s	spouse (if any)
	Self	1311 6 6 7	,		
	If contributor i	s a child, law firm of parent(s) (i	f any)		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/05/2023	De la Rosa, Oscar L.	_		\$1,000.00
		Contributor address; City;	State; Zip Code		
		Houston, TX 77056-207	'6		
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	Self Employ	ed			
	If contributor i	s a child, law firm of parent(s) (i	f any)		
\vdash					

	MONET	ARY POLITICAL CO		SCHEDULE A(J)1			
	The Instru	ction Guide explains how to	complete this f	orm.	1	es Schedule A(J)1: 4 Rpt: 11/70	
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorable)			3 Filer ID 0008000	(Ethics Commission)5	n Filers)
4	Date 10/19/2023	 5 Full name of contributor Di Ferrante, Chris 6 Contributor address; City; State; Houston, TX 77008-4701 	out-of-state PAC (ID#:_ Zip Code		7 Amount o	of Contribution (\$)	\$250.00
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
10		employer/law firm ed		11 Law firm of contributor's sp	oouse (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount o	of Contribution (\$)	
	10/25/2023	Di Ferrante, Chris Contributor address; City; State; Houston, TX 77008-4701					\$250.00
	Contributor's F	I Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's e			Law firm of contributor's sp	oouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount o	of Contribution (\$)	
	10/18/2023	Dobrowski Stafford LLP Contributor address; City; State; Houston, TX 77007-5594	Zip Code				\$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL CON	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to c	omplete this f	orm.	1 Total pages Schedule A(J)1: Sch: 9/34 Rpt: 12/70	
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorable)			3 Filer ID (Ethics Commission Filers) 00080005	
4	Date 10/25/2023	 5 Full name of contributor ou Ellzey, Jarrett 6 Contributor address; City; State; Zi Houston, TX 77006-6520 	nt-of-state PAC (ID#:_ p Code		7 Amount of Contribution (\$) \$1,000	.00
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm ociates PLLC		11 Law firm of contributor's sp	spouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor ou	it-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	10/25/2023	Farah Law Group Contributor address; City; State; Zi Houston, TX 77006-1207	p Code		\$1,000	.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	spouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor ou	ıt-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	10/23/2023	Feldman and Feldman PC Contributor address; City; State; Zi Houston, TX 77098-1789	p Code		 *500	.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	spouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CO	NS		SCHEDU	JLE /	A(J)1	
	The Instru	ction Guide explains how to	complete this fe	orm.	1	Total pages Schedule Sch: 10/34 Rpt: 13		:
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorable)			3	Filer ID (Ethics Cor 00080005	nmissic	on Filers)
4	Date 11/27/2023	Foley & Lardner LLP 6 Contributor address; City; State; 2	out-of-state PAC (ID#:_ Zip Code		7	Amount of Contribution	on (\$)	\$500.00
R	Contributor's I	Dallas, TX 75201-3340 Principal Occupation		9 Contributor's Job Title	<u> </u>			
	Continuate. 2	ппораг Осоправот		Contributor 5 552 Title				
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor	out-of-state PAC (ID#:_)	匸	Amount of Contribution	 วท (\$)	
	11/06/2023 Frizzell, Jean Contributor address; City; State; Zip Code Houston, TX 77027-3917							\$1,000.00
_	_				L			
	Attorney	Principal Occupation		Contributor's Job Title Attorney				
\vdash		employer/law firm		Law firm of contributor's sp	20116	co (if any)		
	Reynolds Fri	• •		Law IIIII or containation c sp	1040	se (ii aiiy)		
		s a child, law firm of parent(s) (if any)						
		, , , , , , , , , , , , , , , , , , , ,						
	Date	Full name of contributor	out-of-state PAC (ID#:_		$\overline{}$	Amount of Contribution	on (\$)	
	10/18/2023	Frost Brown Todd LLP						\$500.00
	Contributor address; City; State; Zip Code Louisville, KY 40202-3346							
	Contributor's F	Principal Occupation		Contributor's Job Title				
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)	1					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A(J)1		
	The Instru	ction Guide explains how	to complete this f	orm.		ges Schedule A(J)1: ./34 Rpt: 14/70	
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorable))		3 Filer ID 000800	(Ethics Commissio	n Filers)
4	Date 10/25/2023	5 Full name of contributor Garcia, Roland6 Contributor address; City; StatesHouston, TX 77042-2501	out-of-state PAC (ID#:_ te; Zip Code)	7 Amount	of Contribution (\$)	\$500.00
•	Contributor's I	Principal Occupation		9 Contributor's Job Title			
0	Attorney	этпстрат Оссираноп		Attorney			
10		employer/law firm		11 Law firm of contributor's sp	ouso (if any)		
10	Greenberg T			11 Law IIIII of contributor's Sp	ouse (II ariy)		
12	If contributor is	s a child, law firm of parent(s) (if ar	ny)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
	11/06/2023 Hagans, Fred Contributor address; City; State; Zip Code				ζ.,	\$500.00	
		Houston, TX 77006-3651					
		Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's sp	ouse (if any)		
		dineMontgomery & Rustay P.C					
	If contributor is	s a child, law firm of parent(s) (if ar	ıy)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
	09/22/2023	Halepota, Shahmeer	_				\$600.00
		Contributor address; City; Sta Houston, TX 77002-1679	te; Zip Code				
	Contributor's I	Principal Occupation		Contributor's Job Title	l		
	Attorney			Attorney			
Contributor's employer/law firm Law firm of contributor's sp				ouse (if any)			
	AZA						
	If contributor is	s a child, law firm of parent(s) (if ar	ıy)				

	MONET	ARY POLITICAL CONT	RIBUTIO	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how to con	nplete this fo	orm.	1	Total pages Schedule A(J) Sch: 12/34 Rpt: 15/70	1:
	FILER NAME Hawkins, Kri	isten Brauchle (The Honorable)			3	Filer ID (Ethics Commiss 00080005	ion Filers)
4	Date 11/08/2023	/2023 Hall Maines Lugrin PC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
		Houston, TX 77056-6131					
8	Contributor's Principal Occupation 9 Contributor's Job Title						
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp			ous	se (if any)		
12	12 If contributor is a child, law firm of parent(s) (if any)						
	Date	Full name of contributor out-of	f-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/19/2023 Hardin, Rusty Contributor address; City; State; Zip Code Houston, TX 77005-3420						\$1,000.00
Contributor's Principal Occupation Contributor's Job Title				Contributor's 10h Title			
	Attorney	чистра оссираном		Attorney			
		employer/law firm		Law firm of contributor's sp	ous	se (if any)	
		n & Associates				,	
	If contributor is	s a child, law firm of parent(s) (if any)	•				
	Date	Full name of contributor out-of	f-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/13/2023	Hartline Barger LLP					\$1,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75231-6409						
	Contributor's F	Principal Occupation		Contributor's Job Title	•		
Contributor's employer/law firm			Law firm of contributor's sp	ous	se (if any)		
	If contributor is a child, law firm of parent(s) (if any)						

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains how	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 13/34 Rpt: 16/70	
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorabl	e)		3	Filer ID (Ethics Commission Filers) 00080005	
4	Date 09/20/2023	5 Full name of contributor Hataway-Cone', Misty6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$1,000.00	
		Houston, TX 77008-6913					
8		Principal Occupation		9 Contributor's Job Title			
	Managing Pa			Managing Partner			
10	Contributor's 6 Cone' PLLC	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	10/25/2023 Hataway-Cone', Misty Contributor address; City; State; Zip Code				\$1,100.00		
	Houston, TX 77008-6913 Contributor's Principal Occupation Contributor's Job Title						
	Attorney			Attorney			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if a	any)				
H	Date	Full name of contributor	out-of-state PAC (ID#:	1	Т	Amount of Contribution (\$)	
	10/09/2023	Havins, John W	Unit of State 1 AC (ID#.	<i></i>		\$250.00	
Contributor address; City; State; Zip Code Houston, TX 77098-4051				•			
	Contributor's F	rincipal Occupation		Contributor's Job Title	_		
	Attorney			Attorney			
	Contributor's employer/law firm Law firm of contributor's sp			ous	se (if any)		
Havins Associates PC							
	If contributor is	s a child, law firm of parent(s) (if a	any)				

	MONET	ARY POLITICAL CON	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to co	mplete this f	orm.	1 Total pages Schedule A(J)1: Sch: 14/34 Rpt: 17/70	
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorable)			3 Filer ID (Ethics Commission Filers) 00080005	
4	Date 12/31/2023	 5 Full name of contributor out-Henderson, Jim 6 Contributor address; City; State; Zip Houston, TX 77005-3443 	of-state PAC (ID#:_		7 Amount of Contribution (\$) \$500.00	
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title	L	
	Realtor & Re	etired		Realtor & Retired		
10	Contributor's e	employer/law firm ed		11 Law firm of contributor's sp	pouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-	of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/23/2023 Henke & Williams LLP Contributor address; City; State; Zip Code Houston, TX 77019-7100			\$1,000.00			
Contributor's Principal Occupation Contributor's Job Title						
	Continuators	Tillcipal Occupation		Continuator's 300 Title		
Contributor's employer/law firm				Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)		<u> </u>		
	Date	Full name of contributor out-	of-state PAC (ID#:_)	Amount of Contribution (\$)	
	12/31/2023 Hernandez, Rolando Contributor address; City; State; Zip Code Houston, TX 77266-6246			\$25.00		
	Contributor's F	Principal Occupation		Contributor's Job Title		
Owner Own			Owner			
Contributor's employer/law firm Law firm of contributor's sp			pouse (if any)			
Self Employed Court Interpreter						
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains hov	v to complete this	form.	1	Total pages Schedule A(J)1: Sch: 15/34 Rpt: 18/70	
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorab	e)		3	Filer ID (Ethics Commission Filers) 00080005	
4	Date 10/05/2023	5 Full name of contributor Hoffer, Stewart6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$200.00	
		Bellaire, TX 77401-4822					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's e	employer/law firm as LLP		11 Law firm of contributor's sp	oous	se (if any)	
12		s a child, law firm of parent(s) (if	any)				
					_		
	Date Full name of contributor out-of-state PAC (ID#:) 10/25/2023 Houston, Sam			Amount of Contribution (\$) \$250.00			
	Contributor address; City; State; Zip Code Houston, TX 77041-6600 Contributor's Principal Occupation Contributor's Job Title						
	Attorney			Attorney	pouse (if any)		
	Contributor's	employer/law firm		Law firm of contributor's sp			
	Scoot Clawa	ter and Houston					
	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	10/07/2023	Immel, Shelly	_			\$100.00	
	Contributor address; City; State; Zip Code						
	Contributor's I	Houston, TX 77018-2017 Principal Occupation		Contributor's Job Title			
		Team Training Design and F	acilitation	Consultant			
	Contributor's employer/law firm Law firm of contributor's sp			oous	se (if any)		
NextSource							
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL (SCHEDULE A(J)1		
	The Instru	ction Guide explains how	w to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 16/34 Rpt: 19/70
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Hawkins, Kr	sten Brauchle (The Honorab	le)		00080005
4	Date 12/13/2023	5 Full name of contributorJo Ann Storey P.C.6 Contributor address; City; S	out-of-state PAC (ID#:_	7 Amount of Contribution (\$) \$250.00	
		Houston, TX 77008-6913	3		
8	Contributor's I	rincipal Occupation 9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Amount of Contribution (\$)
	08/09/2023 Johns, Christopher Contributor address; City; State; Zip Code			\$500.00	
			State; Zip Code		
		Houston, TX 77024-5416	6		
Contributor's Principal Occupation Contrib				Contributor's Job Title	•
	Attorney			Attorney	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	Self Employ	ed			
	If contributor i	s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	10/26/2023	Kane Russell Coleman L	ogan PC		\$1,000.00
Contributor address; City; State; Zip Code				·-	
		Dallas, TX 75202-3705			
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE	A(J)1
	The Instru	ction Guide explains how to comp	plete this f	orm.	1	Total pages Schedule A(J): Sch: 17/34 Rpt: 20/70	1:
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorable)			3	Filer ID (Ethics Commission 00080005	ion Filers)
4	Date 12/31/2023	23 Kherkher Garcia LLP 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
		Houston, TX 77098-3145					
8	Contributor's Principal Occupation 9 Contributor's Job Title						
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp			ous	se (if any)		
12	12 If contributor is a child, law firm of parent(s) (if any)						
	Date	Full name of contributor out-of-st	state PAC (ID#:_)		Amount of Contribution (\$)	
	09/18/2023 Kherkher Garcia LLP Contributor address; City; State; Zip Code						\$2,500.00
Houston, TX 77098-3145							
		Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor ut-of-st	state PAC (ID#:_			Amount of Contribution (\$)	
	10/25/2023	Kidd, Donald Contributor address; City; State; Zip Cod	 ode				\$500.00
		Houston, TX 77056-3221					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Attorney	mopa. Coapa		Attorney			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)	
_	Perdue & Kid	dd					
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL CO	ONTRIBUTIO)NS		SCH	EDULE A	A(J)1
	The Instru	ction Guide explains how t	to complete this fe	orm.	1	Total pages Sche Sch: 18/34 Rpt		L:
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorable)			3	Filer ID (Ethics 00080005	Commission	on Filers)
4	Date 10/17/2023	Full name of contributor Kim, JohnContributor address; City; State Houston, TX 77006-5857	out-of-state PAC (ID#:_ te; Zip Code		7	Amount of Contri	bution (\$)	\$1,000.00
8	Contributor's	Principal Occupation		9 Contributor's Job Title	<u> </u>			
	Attorney	тпора оббаралон		Attorney				
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp				ous	se (if any)		
	The Kim Law Firm					(, , ,		
12	12 If contributor is a child, law firm of parent(s) (if any)							
	Date	Full name of contributor	out-of-state PAC (ID#:_		Π	Amount of Contri	bution (\$)	
	10/25/2023 Kirkpatrick Law Office PC Contributor address; City; State; Zip Code Houston, TX 77227-7247							\$1,000.00
Contributor's Principal Occupation Contributor's Job Title					<u> </u>			
	00111110011111	intopal coodpation		Communication of the land				
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)		
	If contributor is	is a child, law firm of parent(s) (if any	у)					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Ī	Amount of Contri	bution (\$)	
	09/19/2023	Kwon Law PLLC						\$250.00
	Contributor address; City; State; Zip Code Pearland, TX 77584-5210							
	Contributor's F	Principal Occupation		Contributor's Job Title				
Contributor's employer/law firm			Law firm of contributor's sp	ous	se (if any)			
	If contributor is	s a child, law firm of parent(s) (if any	у)					

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 19/34 Rpt: 22/70		
2	FILER NAME Hawkins, Kr	isten Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005		
4	Date 10/25/2023	 Full name of contributor out-of-state PAC (ID Kykta, Alexander Contributor address; City; State; Zip Code Houston, TX 77006-4420 	#:)	7 Amount of Contribution (\$) \$250.00		
8	Contributor's I	Principal Occupation	9 Contributor's Job Title			
	Attorney		Attorney			
10		employer/law firm sociates PLLC	11 Law firm of contributor's sp	pouse (if any)		
12	If contributor i	s a child, law firm of parent(s) (if any)	1			
	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)		
	Law Office of Domingo Garcia Contributor address; City; State; Zip Code Dallas, TX 75243-3924			\$1,000.00		
Contributor's Principal Occupation Contributor's Job Title						
	Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor uut-of-state PAC (ID)#:)	Amount of Contribution (\$)		
	10/24/2023 Leach, Richard Contributor address; City; State; Zip Code Houston, TX 77098-2033			\$250.00		
	Contributor's I	Principal Occupation	Contributor's Job Title			
Attorney			Attorney			
Contributor's employer/law firm Law firm of contributor's sp			pouse (if any)			
	Leach & Min					
	If contributor i	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 20/34 Rpt: 23/70
2	FILER NAME Hawkins, Kr	sten Brauchle (The Honorab	le)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 09/20/2023	Full name of contributor Leyendecker, Kevin Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$4,150.00
		Houston, TX 77010-2011	L			
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	O Contributor's (AZA	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	2 If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/01/2023 Lyons & Simmons LLP Contributor address; City; State; Zip Code				\$5,000.00	
	Dallas, TX 75201-2151					
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/24/2023	Mac Perdue, Jim				\$500.00
Contributor address; City; State; Zip Code Houston, TX 77056-3221				•		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's employer/law firm Law firm of contributor's sp			oous	e (if any)	
Perdue & Kidd						
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CON	SCHEDULE A(J)1				
	The Instru	ction Guide explains how to co	omplete this f	orm.	1 Total pages Schedule A(J)1: Sch: 21/34 Rpt: 24/70		
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorable)			3 Filer ID (Ethics Commission File 00080005	ers)	
4	Date 10/25/2023				7 Amount of Contribution (\$)	500.00	
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's e	employer/law firm wji & Manji		11 Law firm of contributor's sp	pouse (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor our	t-of-state PAC (ID#:_)	Amount of Contribution (\$)		
	09/20/2023 McManis, Jason Contributor address; City; State; Zip Code Houston, TX 77010-2011			\$5,0	00.000		
Contributor's Principal Occupation Contributor's Job Title							
	Attorney	o.pa. Goodpa.c		Attorney			
		employer/law firm		Law firm of contributor's spouse (if any)			
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor ou	t-of-state PAC (ID#:_)	Amount of Contribution (\$)		
	09/20/2023 Mensing, Todd William Contributor address; City; State; Zip Code Houston, TX 77025-1929			\$5,0	00.00		
	Contributor's F	Principal Occupation		Contributor's Job Title	•		
	Attorney						
Contributor's employer/law firm Law f AZA			Law firm of contributor's sp	pouse (if any)			
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A(J)1		
	The Instru	ction Guide explains how to complete this 1	orm.	1 Total pages Schedule A(J)1: Sch: 22/34 Rpt: 25/70		
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005		
4	Date 10/25/2023	 Full name of contributor out-of-state PAC (ID#: Meyn, Anne H Contributor address; City; State; Zip Code Houston, TX 77005-2735 		7 Amount of Contribution (\$) \$100.00		
8	Contributor's F	I Principal Occupation	9 Contributor's Job Title			
	Retired educ	cator	Retired educator			
10	Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>			
	Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of Contribution (\$)		
09/08/2023 Miller Scamardi & Carrabba PC Contributor address; City; State; Zip Code Houston, TX 77007-2112				\$500.00		
	Contributor's I	Principal Occupation	Contributor's Job Title			
	Contributor 5 i	Thisipal Occupation	Continuator 3 dob Title			
	Contributor's	employer/law firm	Law firm of contributor's spouse (if any)			
	If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)		
	09/18/2023	Miller Scamardi & Carrabba PC Contributor address; City; State; Zip Code Houston, TX 77007-2112		\$500.00		
	Contributor's I	Principal Occupation	Contributor's Job Title			
	Contributor's	employer/law firm	Law firm of contributor's sp	oouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)	1			

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A(J)1: Sch: 23/34 Rpt: 26/70
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorable)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 10/25/2023			7	Amount of Contribution (\$) \$250.00	
		Baytown, TX 77521-4118				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Self	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if a	ny)	l		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	10/25/2023	Nielsen, Eric Contributor address; City; Sta	ate; Zip Code		•	\$250.00
		Houston, TX 77092-8834		1		
		Principal Occupation		Contributor's Job Title		
	Trial lawyer			Trial lawyer		and the sun of
		employer/law firm Law Firm P.C.		Law firm of contributor's sp	ous	se (II arry)
H		s a child, law firm of parent(s) (if a	nv)			
			-57			
F	Date	Full name of contributor	out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)
	10/18/2023	Norton Rose Fulbright US				\$2,500.00
		Contributor address; City; Sta Houston, TX 77010-3095	ate; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Continuators	-micipal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	ny)			

	MONET	ARY POLITICAL CO	ONTRIBUTIO	ONS		SCHEDULE A	A(J)1
	The Instruction Guide explains how to complete this form.				ages Schedule A(J)1 4/34 Rpt: 27/70	:	
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorable)			3 Filer ID 00080	(Ethics Commission 005	on Filers)
4	Date 12/28/2023	Full name of contributorParanjpe Mahadass RuemkContributor address; City; StateHouston, TX 77098-3944			7 Amoun	t of Contribution (\$)	\$5,000.00
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	<u> </u>		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date 09/20/2023	Full name of contributor Purpore Law Firm PLLC Contributor address; City; State Houston, TX 77019-3885	out-of-state PAC (ID#:_ e; Zip Code		Amoun	t of Contribution (\$)	\$1,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's e	employer/law firm		Law firm of contributor's sp	ouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date 10/09/2023	Full name of contributor Pusch & Nguyen Contributor address; City; State Houston, TX 77023-5707	out-of-state PAC (ID#:_e; Zip Code)	Amoun	t of Contribution (\$)	\$5,000.00
	Contributor's I	I Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)				

MONET	ARY POLITICAL (CONTRIBUTIO	DNS	SCHEDULE A(J)1
The Instru	ction Guide explains how	v to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 25/34 Rpt: 28/70
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Hawkins, Kri	sten Brauchle (The Honorable	e)		00080005
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11/06/2023	Reynolds Frizzell			\$1,000.00
	6 Contributor address; City; Si	tate; Zip Code		
	Houston, TX 77002-5212			
8 Contributor's F	Principal Occupation		9 Contributor's Job Title	
10 Contributor's 6	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if a	any)		
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/17/2023	Reynolds, Chris			\$2,550.00
	Contributor address; City; Si	tate; Zip Code		"
	Houston, TX 77002-5448			
Contributor's F	IPrincipal Occupation		Contributor's Job Title	1
Attorney	, ,		Attorney	
Contributor's e	employer/law firm		Law firm of contributor's s	pouse (if any)
Reynolds Fri	zzell LLP			
If contributor is	s a child, law firm of parent(s) (if a	any)		
Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of Contribution (\$)
10/25/2023	Roberts, Sean			\$5,000.00
	Contributor address; City; Si	tate; Zip Code		
	Houston, TX 77004-7604			
Contributor's F	Principal Occupation		Contributor's Job Title	•
Attorney			Attorney	
	employer/law firm		Law firm of contributor's s	pouse (if any)
Roberts Mar				
If contributor is	s a child, law firm of parent(s) (if a	any)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this t	1 Total pages Schedule A(J)1: Sch: 26/34 Rpt: 29/70	
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Roven, John 6 Contributor address; City; State; Zip Code Houston, TX 77018-8018			7 Amount of Contribution (\$) \$100.00
8	Contributor's F	Principal Occupation	9 Contributor's Job Title	L
	Attorney		Attorney	
10	Contributor's e	employer/law firm PLLC	11 Law firm of contributor's sp	oouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
=	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/28/2023	Schacelford Bowen McKinley & Norton LLP Contributor address; City; State; Zip Code Houston, TX 77002-2811		\$1,000.00
	Contributor's F	Principal Occupation	Contributor's Job Title	
	Continuator o	, morpai ecoapation		
	Contributor's	employer/law firm	Law firm of contributor's sp	oouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	l	
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	09/11/2023	Serpe Andrews PLLC Contributor address; City; State; Zip Code Houston, TX 77008-6235		\$1,000.00
	Contributor's I	Principal Occupation	Contributor's Job Title	<u> </u>
	Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	l	

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 27/34 Rpt: 30/70
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Hawkins, Kr	isten Brauchle (The Honorable)		00080005
4	Date	5 Full name of contributor ut-of-state PAC (ID	D#:)	7 Amount of Contribution (\$)
	09/20/2023	Shelby, Timothy		\$5,000.00
		6 Contributor address; City; State; Zip Code		
		Spring, TX 77389-4875		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Partner		Partner	
10		employer/law firm	11 Law firm of contributor's s	spouse (if any)
	AZA			
12	! If contributor i	is a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of Contribution (\$)
	10/25/2023	Shellist, Steve		\$500.00
		Contributor address; City; State; Zip Code		··· <mark> </mark>
		Houston, TX 77057-1403		
	Contributor's	I Principal Occupation	Contributor's Job Title	_ L
	attorney		attorney	
		employer/law firm	Law firm of contributor's s	spouse (if any)
	Self Employ	, ,		
	If contributor i	is a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID	D#·)	Amount of Contribution (\$)
	10/25/2023	Sher, Andrew		\$500.00
		Contributor address; City; State; Zip Code		···
		Houston, TX 77098-1947		
-	Contributor's	I Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
		employer/law firm	Law firm of contributor's s	spouse (if anv)
		LAW FIRM PLLC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_		is a child, law firm of parent(s) (if any)		
	commoder	o a oma, ian iiii o pa on(o) (ii ary)		
_				

	MONET	ARY POLITICAL CON	TRIBUTIC	ONS		SCHEDULE A	A(J)1
	The Instruction Guide explains how to complete this form.				· ·	pages Schedule A(J)1 28/34 Rpt: 31/70	:
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorable)			3 Filer II 00080	D (Ethics Commission 0005	on Filers)
4	Date 09/18/2023	—			7 Amou	nt of Contribution (\$)	\$1,000.00
8	Contributor's I	Houston, TX 77002-2809 Principal Occupation		9 Contributor's Job Title			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	ouse (if an	ny)	
12	If contributor is	s a child, law firm of parent(s) (if any)		<u> </u>			
	Date 11/09/2023	Sorrels, Randall Contributor address; City; State; Zip	of-state PAC (ID#:_ Code)	Amou	nt of Contribution (\$)	\$1,000.00
	Contributor's	Houston, TX 77007-8250 Principal Occupation		Contributor's Job Title			
	Attorney	эппсіраї Оссираціон		Attorney			
	Contributor's e	employer/law firm s a child, law firm of parent(s) (if any)		Law firm of contributor's sp	ouse (if an	ny)	
	Date	Full name of contributor out-	of-state PAC (ID#:_	,	ΔΜΟΙΙ	nt of Contribution (\$)	
	10/05/2023	Stacey E. Burke P.C. Contributor address; City; State; Zip Houston, TX 77008-3914			Allou	in or contribution (\$)	\$5,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ouse (if an	ny)	
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE A(J)1	
	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J)1: Sch: 29/34 Rpt: 32/70	=
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005	
4	Date 10/25/2023	Date 5 Full name of contributor out-of-state PAC (ID#:)			7 Amount of Contribution (\$) \$250.00)
8	Contributor's I	Houston, TX 77006-4420 Principal Occupation		9 Contributor's Job Title		-
•	Attorney	тиора Сосаранон		Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	_
	Hinojosa La					
12	If contributor i	s a child, law firm of parent(s) (if ar	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	=
	10/11/2023	Sullo, Andrew Contributor address; City; Sta Houston, TX 77098-4807	ite; Zip Code		\$250.00)
	Contributor's I	I Principal Occupation		Contributor's Job Title		-
	Self Employ			Self Employed		
		employer/law firm		Law firm of contributor's sp	pouse (if any)	-
	Self Employ					
	If contributor i	s a child, law firm of parent(s) (if ar	ny)			_
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	=
	10/24/2023	Susman Godfrey LLP	_		\$1,000.00)
		Contributor address; City; Sta Houston, TX 77002-5091	ıte; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	'	_
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)	_
	If contributor i	s a child, law firm of parent(s) (if ar	ny)			_

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 30/34 Rpt: 33/70
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4	Date 09/20/2023	5 Full name of contributor out-of-state PAC (ID#:) 7		7 Amount of Contribution (\$) \$500.00
8	Contributor's I	Houston, TX 77009-6702 Principal Occupation	9 Contributor's Job Title	
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	pouse (if any)
12	! If contributor is	s a child, law firm of parent(s) (if any)	_L	
	Date 09/20/2023	Full name of contributor out-of-state PAC (ID# The Goldberg Law Office PLLC Contributor address; City; State; Zip Code Houston, TX 77006-1804	÷:	Amount of Contribution (\$) \$180.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date 10/25/2023	Full name of contributor out-of-state PAC (ID# The Kruckemeyer Law Firm Contributor address; City; State; Zip Code Houston, TX 77007-8155	÷)	Amount of Contribution (\$) \$350.00
	Contributor's I	I Principal Occupation	Contributor's Job Title	
	Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS	SCHEDULE A	(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 31/34 Rpt: 34/70	
2	FILER NAME				3 Filer ID (Ethics Commission	Filers)
	Hawkins, Kr	sten Brauchle (The Honorable	e)		00080005	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
	10/08/2023	The West law Firm				5,000.00
		6 Contributor address; City; Sta	ate; Zip Code			
		Sugar Land, TX 77479-49	22			
8	Contributor's	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any)	
12	2 If contributor i	s a child, law firm of parent(s) (if a	ny)			
H	Date	Full name of contributor	Out of state DAC (ID#)	`	Amount of Contribution (\$)	
	10/25/2023	Tobin, Brooks	out-of-state PAC (ID#:_)	Amount of Continuation (\$)	\$100.00
	10/20/2020	Contributor address; City; Sta	ate: 7in Code			Ψ100.00
		Houston, TX 77005-3831				
_	Contributor's	Principal Occupation		Contributor's Job Title		
	Attorney	inicipal Occupation		Attorney		
		employer/law firm		Law firm of contributor's s	spouse (if anv)	
		s Law Firm LLP				
	If contributor i	s a child, law firm of parent(s) (if a	ny)			
H	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	10/25/2023	Tobin, Brooks	out of otatio () to ((ibini		(+)	\$250.00
		Contributor address; City; Sta	ate; Zip Code			
		Houston, TX 77005-3831		T		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm s Law Firm LLP		Law firm of contributor's s	spouse (if any)	
		s a child, law firm of parent(s) (if a	mu)			
	ii continutori	s a criliu, iaw iiriri or parerii(s) (ii ai	ny)			
\vdash						

MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A(J)1
The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 32/34 Rpt: 35/70
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hawkins, Kri	sten Brauchle (The Honorable)		00080005
4 Date	5 Full name of contributor out-of-state PAC (ID	#:)	7 Amount of Contribution (\$)
10/24/2023	Tracey Fox King & Walters		\$5,000.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77002-1060		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's 6	employer/law firm	11 Law firm of contributor's s	spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Data	Full name of contributor	All.	Amount of Contribution (\$)
Date 08/15/2023	Full name of contributor)#:)	Amount of Contribution (\$) \$150.00
00/13/2023	Contributor address; City; State; Zip Code		
	Contributor address, Oily, Clate, 21p Code		
	Houston, TX 77082-6854		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	employer/law firm	Law firm of contributor's s	spouse (if any)
SBSB-Easth			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor ut-of-state PAC (ID	#:)	Amount of Contribution (\$)
10/24/2023	Vuong, David		\$250.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77082-2212		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	employer/law firm	Law firm of contributor's s	spouse (if any)
Self Employe			
If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 33/34 Rpt: 36/70
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorabl	e)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 12/01/2023	Date 5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$) \$150.00
		Houston, TX 77006-6170				
8		Principal Occupation		9 Contributor's Job Title		
L	Att			Att		
10	Self	employer/law firm		11 Law firm of contributor's sp	ous	se (If any)
12	If contributor is	s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/18/2023	Ware Jackson Lee O'neill Contributor address; City; S Houston, TX 77019-7100				\$1,000.00
_	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor 3 i	ппораг Оссарацоп		Contributor 3 30b Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/06/2023 Yetter, Paul Contributor address; City; State; Zip Code Spring, TX 77379-7571		•	\$1,000.00		
	Contributor's I	rincipal Occupation		Contributor's Job Title	I	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Yetter Colen					
	If contributor is	s a child, law firm of parent(s) (if a	any)			

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE	A(J)1
	The Instruction Guide explains how to complete this form.	1		es Schedule A(J): 34 Rpt: 37/70	1:
2	FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3	Filer ID 0008000	(Ethics Commiss	ion Filers)
4	Date 10/20/2023 5 Full name of contributor out-of-state PAC (ID#:) Young-Ellis, Robin 6 Contributor address; City; State; Zip Code	7	Amount o	of Contribution (\$)	\$1,000.00
	Houston, TX 77056-1734				
8	Contributor's Principal Occupation 9 Contributor's Job Title				
	Master Structured Settlement Consultant Master Structured Settlement Consultant	tleme	ent Consi	ultant	
10	Contributor's employer/law firm Robin Young & Company 11 Law firm of contributor's s	spous	se (if any)		

	RIBUTIONS	_	SCHEDULE A2				
The Instru	uction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 38/70					
2 FILER NAME Hawkins, Kı	Eristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005					
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$					
5 Date 09/20/2023	6 Full name of contributor out-of-state PAC (ID#: Ahmad Zavitsanos Anaipakos Alavi & Mensing 7 Contributor address; City; State; Zip Code Houston, TX 77010-2021	8 Amount of contribution (\$) 9 In-kind contribution description \$2,500.00 Fundraiser expenses					
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	L Check if travel outside of Texas. Complete Schedule 1 J-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 contribute	or's spouse (if any) (FOR JUDICIAL)				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	pense P S		ense ges/Contract Labor		District t of District enter a category not listed above)
1	Total pages Schedule F1:	l					3 Filer ID	(Ethics Commission Filers)
L	Sch: 1/30 Rpt: 39/70	Hawkir	s, Kristen Brauchle (T	he Honorab	le)		000800	005
4	Date	5 Payee r	name					
	09/14/2023	ACSLA	W					
6	Amount (\$)	7 Payee a	address; City;	State; Z	Zip Cod	e		
	\$50.00	601 13	th St, NW, Suite 610					
		Washir	ngton, DC 20005					
8	PURPOSE	(a) Categor	y (See Categories listed at the	top of this schedu	ile) (b) Description		
	OF EXPENDITURE		utions/Donations Mad		,	Check if travel	l outside of Texas	s. Complete Schedule T.
	EXI ENDITORE	Candid	ate/Officeholder/Politic	cal Committe	ee	ш	n, TX, officeholde	r living expense
						Donation		
9	Complete ONLY if direct	Candidat	o/Officeholder name	O#:	co couci	ht	O#F	ce held
y	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	UIII	ce sougl	III.	Oπi	ce neid
	Date	Payee r	name					
	11/15/2023	ALA R	estaurant					
	Amount (\$)	Payee a	address; City;	State; Z	Zip Cod	e		
	\$53.30	1320 1	9th St. NW					
		Washir	ngton, DC 20036					
	PURPOSE	(a) Categor	y (See Categories listed at the	top of this schedu	ile)	b) Description		
	OF EXPENDITURE		everage Expense			<u> </u>		s. Complete Schedule T.
	EXI ENDITORE					ш	n, TX, officeholde	
						Meai while if	1 DC 101 CL	E (Nov. 11-14)
L	Complete ONLY if direct	Candidat	e/Officeholder name	O#:	ce sougl	ht	O#:	ce held
	expenditure to benefit C/O		e/Onicendider name	OIII	ce sougi	ii.	OIII	CE HEIU
_	Data							
	Date	Payee r		Ino				
	07/21/2023		e for Judicial Funding,					
	Amount (\$)	Payee a		State; 2	Zip Cod	е		
	\$250.00	811 Ma	ain St.					
		#4100						
L		Housto	n, TX 77002					
	PURPOSE OF		y (See Categories listed at the		ile)	b) Description		
	EXPENDITURE		utions/Donations Mad			<u> </u>	l outside of Texas n, TX, officeholde	s. Complete Schedule T.
		Candid	ate/Officeholder/Politic	ai Committe	ee	Donation	n, ra, unicenulae	ii iiviiig experise
						20		
	Complete ONLY if direct	Candidat	e/Officeholder name	Offic	ce sougl	ht	Offi	ce held
	expenditure to benefit C/O		3.22	2711	9		2	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica			Legal Services		alaries/Wa		e /Contract Labor		OTHER (enter	a category not listed abo	ove)
	Credit Card Payment			The Instruction G	uide explains hov	w to con	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 2/30 Rpt: 40/70		Hawkins, Kr	isten Brauchle	(The Honorabl	le)				00080005		
4	Date	5	Payee name						_			
	10/16/2023		Amazon									
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$406.96		410 Terry A	ve. N								
			Seattle, WA	98109								
8	PURPOSE	(a)		e Categories listed at t		1-2	(b)	Description				
ľ	OF	(",		nead/Rental Ex		ie)	(~)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE				,			ш	, TX,	officeholder livin	g expense	
								Supplies				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Offic	ce soug	ght			Office h	eld	
	experionale to belief C/O											
	Date		Payee name									
	11/20/2023		Amazon									
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$37.44		410 Terry A	ve. N								
			Seattle, WA	98109								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedul	le) ((b)	Description				
	OF EXPENDITURE			nead/Rental Ex				-			nplete Schedule T.	
								Coffee for jury		officeholder livin	g expense	
								Conee for jur	у			
_	Complete ONLY if direct	<u> </u>		ceholder name	Offic	ce soug	ht			Office h	eld.	
	expenditure to benefit C/O		Janalaate/Onic	cholder hame	Onic	cc soug	jiic			Office fi	Ciu	
	Data	_	Davis a name									
	Date 11/13/2023		Payee name Avis Rent-A	-Cart								
					Ctata: 7	7in Cod	d =					
	Amount (\$) \$11.48		Payee addres	•	State; Z	21p C00	зе					
	Ф11.40		Six Sylvan V	va								
			Darainnan	N.1.070E4								
			Parsippany,			1.						
	PURPOSE OF	(a)		e Categories listed at t	he top of this schedul	le)	(b)	Description Check if travel	nutei	de of Teyes Cor	nplete Schedule T.	
	EXPENDITURE		Travel Out o	of District				브		officeholder livin		
								Rental car fee	е			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce soug	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
1												

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/30 Rpt: 41/70	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	10/20/2023	Avis Rent-A-Cart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$190.75	Six Sylvan Wa
		Parsippany, NJ 07054
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rental car fee
		Trontal dai 100
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	12/01/2023	Block 142
H	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	710 Walker St.
	,	
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking for Holiday Party
		Taking for Holiday Farty
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/07/2023	Bradley Creative Studios
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,450.00	4900 Fournace PI.
		Houston, TX 77401
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting fee
		Consuling lee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/30 Rpt: 42/70	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	12/04/2023	Brennan's Houston
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$582.20	3300 Smith St
		Houston, TX 77006-6607
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hoiliday lunch for court staff
		Holliday fulfortion court staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	12/20/2023	Brennan's Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$260.00	3300 Smith St
		Houston, TX 77006-6607
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Judicial holiday party
		Judicial Holiday party
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 12/01/2023	Payee name Brooks IT Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.40	PO Box 926202
		Houston, TX 77292
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign IT
		Campaign n
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/30 Rpt: 43/70	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	10/02/2023	Brooks IT Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$61.40	PO Box 926202
		Houston, TX 77292
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign IT
		Campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Davies wares
	09/01/2023	Payee name Brooks IT Services
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.40	PO Box 926202
		Houston, TX 77292
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign IT
		Campaign
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	08/01/2023	Brooks IT Services
L	Amount (\$)	
	\$61.40	Payee address; City; State; Zip Code PO Box 926202
	Φ01.40	FO BOX 920202
		Harrison TV 77000
		Houston, TX 77292
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign IT
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	T-t-1		_
1	Total pages Schedule F1: Sch: 6/30 Rpt: 44/70	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080005	
4	Date	5 Payee name	
	07/03/2023	Brooks IT Services	
6	Amount (\$) \$61.40	7 Payee address; City; State; Zip Code PO Box 926202 Houston, TX 77292	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	\neg
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign IT	
_	0 1 0 0 0 0 0 0 0		_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	12/05/2023	Brooks IT Services	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$61.40	PO Box 926202	
		Houston, TX 77292	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign IT	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	11/01/2023	Brooks IT Services	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$358.48	PO Box 926202	
	ψ550.40	10000000000	
		Houston, TX 77292	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense Campaign IT	
		Campaign 11	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 7/30 Rpt: 45/70	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	07/13/2023	Campaign Warrior
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	14237 E. Sam Houston Parkway N
		Houston, TX 77044
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Consulting Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•
	Date	Payee name
	08/18/2023	Campaign Warrior
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	14237 E. Sam Houston Parkway N
		Houston, TX 77044
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Consulting Fee
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	09/15/2023	Campaign Warrior
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	14237 E. Sam Houston Parkway N
		Houston, TX 77044
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting Fee
		Consuming 1 cc
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica		mmittee Legal Services Salarie		es/Contract Labor		OTHER (enter a	category not listed above	e)
	Credit Card Payment		The Instruction Guide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission	Filers)
	Sch: 8/30 Rpt: 46/70		Hawkins, Kristen Brauchle (The Honorable)				00080005		
4	Date	5	Payee name						
	10/06/2023		Campaign Warrior						
6	Amount (\$)	7	Payee address; City; State; Zip (Code					
•	\$750.00	ľ	14237 E. Sam Houston Parkway N	0000					
	4.00.00								
			Houston TV 77044						
_		<u> </u>	Houston, TX 77044	1					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		d4.T O	whate Oak adula T	
	EXPENDITURE		Consulting Expense				officeholder living	plete Schedule T.	
					Consulting Fe			, . ,	
					_				
9	Complete ONLY if direct		Candidate/Officeholder name Office so	 ought	t		Office he	eld	
	expenditure to benefit C/OI	Н		Ü					
	Date	Т	Payee name						
	11/24/2023		Campaign Warrior						
	Amount (\$)	┢	Payee address; City; State; Zip 0	aho^					
	\$750.00		14237 E. Sam Houston Parkway N	Jouc					
	Ψ130.00		14237 E. Sum Houston Funkway N						
			Houston TV 77044						
		L	Houston, TX 77044	1					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	outoi	do of Toyon Com	plete Schedule T.	
	EXPENDITURE		Consulting Expense		=		officeholder living		
					Consulting Fe	ee			
	Complete ONLY if direct		Candidate/Officeholder name Office s	ought	t		Office he	eld	
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	12/14/2023		Campaign Warrior						
	Amount (\$)		Payee address; City; State; Zip (Code					
	\$750.00		14237 E. Sam Houston Parkway N						
			Houston, TX 77044						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description				
	OF	(")	Consulting Expense	(*)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						officeholder living	g expense	
					Consulting Fe	ee			
	Complete ONLY if direct		Candidate/Officeholder name Office s	ought	t		Office he	eld	
	expenditure to benefit C/OI	П							

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed at	oove)
_	Total mariae Cabadula F1.	a FILED NAM					<u> </u>	Files ID	/Ethias Cammias	ion Filoro)
1	Total pages Schedule F1: Sch: 9/30 Rpt: 47/70	l	⊨ (risten Brauchle (Th	e Honorable)			3	Filer ID 00080005	(Ethics Commiss	ion Filers)
_	<u> </u>									
4	Date	5 Payee name								
	12/04/2023	Cardona, J	ames							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$1,500.00	5216 Leela	and St.							
		Houston, T	X 77023							
_	DUDDOCE				(6)					
8	PURPOSE OF		See Categories listed at the to	p of this schedule)	(D)	Description	outoi	de of Texas. Com	nloto Cobodulo T	
	EXPENDITURE	Consulting	Expense			_		officeholder living		
						Consulting Fe				
						3				
<u> </u>	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ıaht			Office he	ald	
9	expenditure to benefit C/OI		icenoider name	Office 300	agrit			Office fie	au	
	Date	Payee name)							
	12/01/2023	Cardona, J	ames							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$2,000.00	5216 Leela	and St.							
		Houston, T	X 77023							
	PURPOSE				(h)	D				
	OF		See Categories listed at the to	p of this schedule)	(0)	Description	nutei	de of Texas. Com	nlata Schadula T	
	EXPENDITURE	Consulting	Expense					officeholder living		
						Consulting Fe		_	•	
						3				
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ıaht			Office he	7ld	
	expenditure to benefit C/OI		idenoider flame	Omec 300	agrit			Office fic	,iu	
		Г								
	Date	Payee name								
	11/15/2023	Cardona, J	ames							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$500.00	5216 Leela	and St.							
		Houston, T	X 77023							
	PURPOSE				(h)	Description				
	OF		See Categories listed at the to	p of this schedule)	(0)	Description Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Consulting	Expense			<u> </u>		officeholder living		
						Consulting Fe				
						J				
	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office sou	l Jaht			Office he	eld	
	expenditure to benefit C/OI			200 300				500 nc		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/30 Rpt: 48/70 Hawkins, Kristen Brauchle (The Honorable) 00080005 4 Date Payee name 11/14/2023 Cardona, James 6 Amount (\$) Payee address; City; State; Zip Code \$2,000.00 5216 Leeland St. Houston, TX 77023 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consulting Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/08/2023 Cardona, James Amount (\$) Payee address; City; State; Zip Code \$1,000.00 5216 Leeland St. Houston, TX 77023 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consulting Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/05/2023 Cardona, James Amount (\$) Payee address: City; State; Zip Code \$1,500.00 5216 Leeland St. Houston, TX 77023 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Consulting Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Consulting Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Cor		Food/Beverage Expens Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense		Expens /Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)
L	Sch: 11/30 Rpt: 49/70	L	Hawkins, Kı	risten Brauchle (The Honora	able)				00080005	
4	Date	5	Payee name								
	10/02/2023		Cardona, Ja	ames							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip C	Code				
	\$2,000.00		5216 Leelar	nd St.							
			Houston, TX	< 77023							
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Consulting I			,			outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE							ш		officeholder living	expense
								Consulting Fe	ee		
<u> </u>							<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office so	ought			Office he	eld
	Date		Payee name			_					
	09/11/2023		Cardona, Ja	ames							
	Amount (\$)		Payee addre	ss; City;	State;	Zip C	Code				
	\$1,500.00		5216 Leelar	nd St.							
			Houston, TX	< 77023							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Consulting I			,		ш		de of Texas. Com	
	_/									officeholder living	expense
								Consulting Fe	ee		
_	Complete ONLY if direct	<u> </u>	`andidate/Offi	ceholder name		Office so	l labt			Office he	ald
	expenditure to benefit C/O		ai iuiuate/UIII	cenoidei name	C	mice SC	ruyıll			Onice ne	สน
_	Dete	_									
	Date		Payee name	moc							
	09/05/2023		Cardona, Ja								
	Amount (\$)		Payee addres		State;	Zip C	Code				
	\$2,000.00		5216 Leelar	nd St.							
			Houston, T	K 77023							
	PURPOSE OF	(a)		ee Categories listed at th	e top of this sche	edule)	(b)	Description		d4T -	olasa Cabadal T
	EXPENDITURE		Consulting I	Expense				ш		de of Texas. Comp officeholder living	
								Consulting Fe		Canocatolica livilly	элропос
								3			
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sc	ught			Office he	eld
	expenditure to benefit C/O	Н					-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Exp Gift/Awards/Memoria Legal Services The Instruction	als Expense		Expense Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	l						3	Filer ID	(Ethics Commission Filers)
L	Sch: 12/30 Rpt: 50/70	Hav	kins, Kristen Brauchle	e (The Honora	able)				00080005	
4	Date	5 Paye	ee name							
	08/08/2023	Car	dona, James							
6	Amount (\$)	7 Paye	ee address; City;	State;	Zip C	ode				
	\$1,500.00	521	6 Leeland St.							
		Hou	ston, TX 77023							
8	PURPOSE	(a) Cate	gory (See Categories listed a	at the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		sulting Expense		,		_ ·	outsi	de of Texas. Comp	olete Schedule T.
	EXPENDITORE						—		officeholder living	expense
							Consulting Fe	ee		
<u>_</u>	Complete ONE V. St. alian	0	data/Officala-1-1		·tt:	ا اساد			Office	la
9	Complete ONLY if direct expenditure to benefit C/O		date/Officeholder name	0	office so	ugnt			Office he	<u> </u>
	Date	Paye	ee name							
	08/07/2023	Car	dona, James							
	Amount (\$)	Paye	ee address; City;	State;	Zip C	ode				
	\$2,000.00	521	6 Leeland St.							
		Hou	ston, TX 77023							
	PURPOSE	(a) Cate	gory (See Categories listed a	at the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		sulting Expense	·	,		—		de of Texas. Comp	
	EXI ENDITORE						_		officeholder living	expense
							Consulting Fe	ee		
L	Complete ONLY if direct	Candi	date/Officeholder name		office so	l labt			Office he	ıld
	expenditure to benefit C/O		uate/Onicenoluel Haifle	U	mice SOI	uyııl			Onice ne	iu
\vdash	Dete	-								
	Date	1 ′	ee name							
	07/10/2023		dona, James							
	Amount (\$)	1 1	ee address; City;	State;	Zip C	ode				
	\$1,500.00	521	6 Leeland St.							
		Hou	ston, TX 77023							
	PURPOSE		gory (See Categories listed a	at the ten of this cab	odulo)	(b)	Description			
	OF		sulting Expense	a are top or this sche	Juuie)	"		outsi	de of Texas. Comp	olete Schedule T.
	EXPENDITURE		5 F				_		officeholder living	expense
							Consulting Fe	ee		
						<u> </u>				
	Complete ONLY if direct expenditure to benefit C/Ol		date/Officeholder name	0	office so	ught			Office he	ld
	onpolicitate to beliefit 0/01	•								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/30 Rpt: 51/70	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	07/07/2023	Cardona, James
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	5216 Leeland St.
		Houston, TX 77023
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/23/2023	Chase Tower Garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	200 Milam
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking
		T wining
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Payee name
	11/13/2023	Delta Hotels by Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.15	306 Travis St
		Wichita Falls, TX 76301
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meal at Lyceum meeting (Wichita Falls Nov. 9-10)
	0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Emportance to borient 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 14/30 Rpt: 52/70	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080005
4	Date 11/13/2023	5 Payee name Dulles International Airport
6	Amount (\$) \$30.40	7 Payee address; City; State; Zip Code 1 Saarinen Cir
		Dulles, DC 20166
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal at legal conference (Washington DC, Nov. 11-14)
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 12/01/2023	Payee name Firehouse Subs
	Amount (\$) \$590.87	Payee address; City; State; Zip Code 2702 Yale St.
		Houston, TX 77008
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for mock trial tournament
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/20/2023	Payee name HARRIS COUNTY DEMOCRATIC PARTY
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4619 Lyons Ave
		Houston, TX 77020
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Filling Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Mages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment		ittee I	_egal Services			Vages	/Contract Labor		OTHER (er		ategory not listed above)	
				The Instruction (Juide explains	s now to co	mpie	ete this form.	_				
1	Total pages Schedule F1:	2 FII	LER NAME						3	Filer ID		(Ethics Commission Fil	ers)
	Sch: 15/30 Rpt: 53/70	Ha	awkins, Kri	sten Brauchle	(The Hono	rable)				000800	05		
4	Date	5 Pa	ayee name										
	10/18/2023	I		UNTY DEMO	CRATIC PA	ARTY							
6	Amount (\$)	7 Pa	ayee addres	s; City;	State	e; Zip Co	ode						
	\$10,000.00	l	519 Lyons .										
	¥==,*******												
		l	T V	77000									
		Н	ouston, TX	. 77020									
8	PURPOSE OF			e Categories listed a		chedule)	(b)	Description					
	EXPENDITURE			s/Donations N								ete Schedule T.	
		l Ca	andidate/O	fficeholder/Po	niticai Comi	mittee		Donation, JR				expense	
								Donation, or		эропоого	лпр		
Ļ	Operation ONE V if alice of	0	l: -l - + - /Off: -	-11-1		0#:				Off:	- 11	-1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		панаате/Опіс	eholder name		Office sou	ignt			Опіс	e hel	a	
	·												
	Date	Pa	ayee name										
	08/10/2023	HE	BAD										
	Amount (\$)	Pa	ayee addres	s; City;	State	e; Zip Co	ode						
	\$250.00	53	300 Griggs	Rd									
		l _{Ho}	ouston, TX	77021									
_	PURPOSE						(h)	Description					
	OF			e Categories listed a S/Donations N		chedule)	(5)	Description Check if travel	outs	ide of Texas.	Comple	ete Schedule T.	
	EXPENDITURE			officeholder/Po	,	mittee		Check if Austin					
								Donation					
	Complete ONLY if direct	Can	ndidate/Offic	eholder name		Office sou	ıght			Offic	e hel	d	
	expenditure to benefit C/O	Н											
H	Date	Pa	ayee name										
	09/22/2023	l	•	BAR FOUND	ATION								
_	Amount (\$)		ayee addres			e; Zip Co	ndo.						
	\$1,040.00	l	ayee addres 111 Bagby		Sidil	e, zip cc	ue						
	Φ1,040.00			Si									
			te 200										
		Ho	ouston, TX	77002									
	PURPOSE	(a) Ca	ategory (See	e Categories listed a	t the top of this so	chedule)	(b)	Description					
	OF EXPENDITURE			s/Donations N				브				ete Schedule T.	
		Ca	andidate/O	fficeholder/Po	olitical Comi	mittee		Check if Austin	, TX	, officeholder	living e	expense	
								Donation					
							<u> </u>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Offic	eholder name		Office sou	ight			Offic	e hel	d	
	experience to beliefft G/O												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/30 Rpt: 54/70	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	09/29/2023	HOUSTON BAR
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$260.00	1111 Bagby St
		Ste 200
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
_	Commiste ONII V if disent	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payros namo
	09/08/2023	Payee name HYATT PLACE STOCKYARDS
	Amount (\$)	Payee address; City; State; Zip Code
	\$351.75	132 E Exchange Ave
		Fort Worth, TX 76154
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lyceum Conference hotel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/13/2023	HYATT PLACE STOCKYARDS
		Payee address; City; State; Zip Code
	Amount (\$) \$357.27	
	Ф357.27	132 E Exchange Ave
		Fort Worth, TX 76154
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel for Lyceum meeting (Fort Worth, Sept. 7-9)
		Thousand Lyocan mooning (Fort Worth, Oopt. 1-9)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Griff (Aug Payment et al., 2017)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/30 Rpt: 55/70	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	07/24/2023	Harris County
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	201 Caroline Street
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Misc. office supplies
		wilso. Office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_		
	Date	Payee name
	09/21/2023	Hotel Derek
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.73	2525 W. Loop S.
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking while presenting at CLE conference
		T diving while presenting at OLE conference
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D :	
	Date	Payee name
	09/05/2023	Houston Association of Women Attorneys
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	2450 Louisiana St.
		Houston, TX 77006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Membership dues
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	•	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

rrsement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Lahor OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/30 Rpt: 56/70	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	09/27/2023	Houston Association of Women Attorneys
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	2450 Louisiana St.
		Houston, TX 77006
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CLE admission
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/21/2023	Houston Center Parking Garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	811 Caroline
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/09/2023	Hover.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.35	96 Mowat Avenue
		Toronto M6K3M1 Canada
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website hosting
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide exp	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission F	ilers)
_	Sch: 19/30 Rpt: 57/70		risten Brauchle (The F	lonorable)				00080005	(1 11 11 11 11 11 11 11 11 11 11 11 11	,
4	Date	5 Payee name	:							
	11/15/2023	IAH Parkin	g Area AB							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$150.00	900 N Tern	ninal Rd							
		Houston, T	X 77032							
8	PURPOSE OF	(a) Category (s	see Categories listed at the top of	this schedule)	(b)	Description				
	EXPENDITURE	Fees				=		de of Texas. Com officeholder living		
						Parking	, 1/,	onicendider living	ехрепзе	
						· carraing				
9	Complete ONLY if direct expenditure to benefit C/Ol		iceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	Date	Payee name								
	12/13/2023	J&N Enter								
	Amount (\$)	Payee addre	ess; City;	State: Zip Co	nde					
	\$779.00	1	ay Park Dr.	, ₋						
	Ψ113.00	2010 1 4111	ay rank br.							
		Houston, T	X 77092							
	PURPOSE	(a) Category (s	see Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Printing Ex	pense			=		de of Texas. Com		
						Campaign ma		officeholder living	expense	
						Campaignini	aic	Παι		
	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	1								
	Date	Payee name		-		-				
	11/20/2023	Johnston T	obey Baruch							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$3,880.00	12377 Mer	it Dr Suite 880							
		Dallas, TX	75251							
	PURPOSE	(a) Category (s	see Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Legal Serv	ices					de of Texas. Com		
						Legal expens		officeholder living	expense	
						Legai expens	.cs			
_	Complete ONLY if direct	Condidate	iooboldor no == =	Office ser	l abt			Office I-	Ja	
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ignt			Office he	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 20/30 Rpt: 58/70	Hawkins, Kristen Brauchle (The Honorable) 00080005	
4	Date	5 Payee name	
	12/20/2023	Johnston Tobey Baruch	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$240.00	12377 Merit Dr Suite 880	
		Dallas, TX 75251	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Legal expenses	
_	Complete ONE V. St. alian	Condidate/Officeholder name Office county	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	12/22/2023	LBJ Women's Campaign School at University of Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	P.O. Box 7458	
		Austin, TX 78713	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Contributions/Donations Made By	
	EXI ENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Donation	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
 	Dete		_
	Date	Payee name	
	09/14/2023	League of Women Voters	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	4001 N Shepherd Dr.	
		Houston, TX 77018	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Donation	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	onpolicitate to beliefit 0/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/30 Rpt: 59/70	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	11/15/2023	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.21	185 Berry St.
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		Nucsitate
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	11/14/2023	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.63	185 Berry St.
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		Nidestidie
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	11/29/2023	Michael's Cookie Jar
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.95	5330 Weslayan St.
		Houston, TX 77005
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for St. Agnes & Strake Jesuit Mock Trial
		1 ood for St. Agries & Strake Sesuit Work Thai
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By-Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/30 Rpt: 60/70	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	12/07/2023	NGPVAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$266.50	1445 New York Ave NW Ste 200
		Washington, DC 20005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Database
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	11/17/2023	NGPVAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$266.50	1445 New York Ave NW Ste 200
		Washington, DC 20005
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Database
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/03/2023	Oyamel Cocina Mexicana
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.45	407 7th St., NW
		Washington, DC 20004
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Chapter it travel a viside of Taylor Complete Cabadyla Taylor
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal while in DC for Admission to Supreme Court
		(Oct. 1-5)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 23/30 Rpt: 61/70	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080005
_	Date	
4	12/04/2023	5 Payee name Paragon
6	Amount (\$) \$204.45	7 Payee address; City; State; Zip Code 1505 N Hydin Rd. Ste. 110 Pittsburgh, PA 15257-0001
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/02/2023	Paragon
	Amount (\$) \$2,992.19	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/02/2023	Payee name Paragon
	Amount (\$) \$2,132.70	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/30 Rpt: 62/70	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	09/05/2023	Paragon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.22	1505 N Hydin Rd.
		Ste. 110
		Pittsburgh, PA 15257-0001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fees
		Frocessing lees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/02/2023	Paragon
	Amount (\$)	Payee address; City; State; Zip Code
	\$382.18	1505 N Hydin Rd.
		Ste. 110
		Pittsburgh, PA 15257-0001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fees
		1 Toccssing rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	07/03/2023	Paragon
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,946.19	1505 N Hydin Rd.
		Ste. 110
		Pittsburgh, PA 15257-0001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Processing fees
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/30 Rpt: 63/70	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	10/05/2023	Pitango Gelato
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.87	413 7th ST., NW
		Washington, DC 20004
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal while in DC for Admission to Supreme Court
		(Oct. 1-5)
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	09/26/2023	ROAD Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	P.O. BOX 22678
		Houston, TX 77227
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		25.14.10.1
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/28/2023	State Bar of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1414 Colorado St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		CLE
		022
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/30 Rpt: 64/70	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	10/19/2023	Supreme Court of the United States
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	One First. St. NE
		Washington , DC 20543
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bar dues for US Supreme Court
		Dai ados foi de dapreme deart
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/19/2023	Texas Assoc. of Civil Trial and Appellate Specialists
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	609 Main St.
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dues
		- Bucs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/07/2023	Texas Lyceum
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	6046 Azalea Ln.
		Dallas, TX 75230-3406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		membership fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/30 Rpt: 65/70	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	12/11/2023	Texas Organizing Project
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	P.O. Box 120296
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	10/05/2023	The Supreme Court Cafeteria
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.01	1 1st St., NE
		Washington, DC 20543
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal while at US Supreme Court (Oct. 1-5)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/28/2023	The Texas Tribune
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	919 Congress Avenue
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/30 Rpt: 66/70	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	10/26/2023	Tony's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,162.38	3755 Richmond Ave.
		Houston, TX 77046
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraiser
		Tanatassi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	D :	
	Date	Payee name
	07/12/2023	Tout Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.05	2001 Commerce St.
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Campaign meeting
	Complete ONLY if direct	Condidate/Officeholder name Office pought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/19/2023	United States Postal Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$210.00	1319 Richmond Ave.
		Houston, TX 77006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		P.O. Box Rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	•	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

sement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
abor OTHER (enter a category not listed above)

Credit Card Layment	The Instruction Guide explains how to c	omplete this	form.				
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)		
Sch: 29/30 Rpt: 67/70	Hawkins, Kristen Brauchle (The Honorable)			00080005			
4 Date	5 Payee name		•				
09/05/2023	Vonlane						
6 Amount (\$)	7 Payee address; City; State; Zip C	ode					
\$129.00	1200 Louisiana						
	Houston, TX 77002						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descri	iption				
OF EXPENDITURE	Travel Out of District			ide of Texas. Com			
				, officeholder living m conferenc			
		liave	i to Lyceui	iii comerenc	C		
9 Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u>		Office he	JIH		
expenditure to benefit C/Ol		agni		Office in	Siu .		
Data							
Date 10/03/2023	Payee name WAYFAIR						
		1 -					
Amount (\$)	Payee address; City; State; Zip C	oae					
\$253.29	4 Copley Place						
	7th Floor						
	Boston, MA 02116						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descri					
EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Sofa for court suit						
Complete ONLY if direct	Candidate/Officeholder name Office so	ught		Office he	eld		
expenditure to benefit C/O	Н						
Date	Payee name						
10/06/2023	Willard InterContinental Washington						
Amount (\$)	Payee address; City; State; Zip C	ode					
\$1,857.30	1401 Pennsylvania Avenue Northwest						
	Washington, DC 20004						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descri	intion				
OF	Travel Out of District			ide of Texas. Com	plete Schedule T.		
EXPENDITURE				, officeholder living			
			for Travel (Oct. 1-5)		Imission to Supreme		
			. (OUI. 1-3)				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught		Office he	eld		
experience to beliefit 6/01							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl		pense ages/Contract Labor	Trav	vel in District vel Out of Dis HER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	1E			3 File	er ID	(Ethics Commission Filers)
	Sch: 30/30 Rpt: 68/70	Hawkins, I	Kristen Brauchle (The Ho	onorable)		000	080005	
4	Date	5 Payee nam	е			•		
	10/05/2023	Yellow Ca	b					
6	Amount (\$)	7 Payee addr	ess; City; S	State; Zip Cod	le			
	\$25.80	3014 Colv	in Street					
		Alexandria	a, VA 22314					
8	PURPOSE	(a) Category	(See Categories listed at the top of th	is schedule)	(b) Description			
	OF EXPENDITURE		t of District					plete Schedule T.
	-				Check if Aus			esion to Supreme Court
					(Oct. 1-5)		OI Adiilis	Sion to Supreme Court
9	Complete ONLY if direct expenditure to benefit C/Ol		fficeholder name	Office soug	ht		Office he	eld

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

SCHEDULE K

	The Instru		pages Schedule K:			
_	FILER NAME	L/2 Rpt: 69/70	-iloro\			
		O (Ethics Commission F 1005	-liers)			
	Date	sten Brauchle (The Honorable) 5 Name of person from whom amount is received			8 Amount (\$)	
	12/22/2023	Frost Bank				\$17.72
		6 Address of person from whom amount is received; City; State; Zip Code				
		, , , , , , , , , , , , , , , , , , ,				
		Houston , TX 77251-1315				
			olitica	al cont	ribution returned to filer	
		Monthly Interest Payment				
	Date	Name of person from whom amount is received			Amount (\$)	
	11/22/2023	Frost Bank				\$17.28
		Address of person from whom amount is received; City; State; Zip Code				
		Houston , TX 77251-1315				
			olitica	al cont	lribution returned to filer	
		Monthly Interest Payment	Untice	ai com	indution returned to mer	
	Date	Name of person from whom amount is received			Amount (\$)	
	10/24/2023	Frost Bank				\$15.04
		Address of person from whom amount is received; City; State; Zip Code				
		Houston , TX 77251-1315				
		 ·	olitica	al cont	ribution returned to filer	
		Monthly Interest Payment				
	Date	Name of person from whom amount is received			Amount (\$)	
	09/24/2023	Frost Bank				\$14.82
		Address of person from whom amount is received; City; State; Zip Code				
		Houston , TX 77251-1315				
			olitica	al cont	I ribution returned to filer	
		Monthly Interest Payment	0			
	Date	Name of person from whom amount is received			Amount (\$)	
	08/22/2023	Frost Bank			, ,	\$12.02
		Address of person from whom amount is received; City; State; Zip Code			•	
		, , , , , , , , , , , , , , , , , , ,				
		Houston , TX 77251-1315				
		Purpose for which amount is received Check if po	olitica	al cont	ribution returned to filer	
		Monthly Interest Payment				

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 70/70 2 FILER NAME Filer ID (Ethics Commission Filers) Hawkins, Kristen Brauchle (The Honorable) 00080005 8 Amount (\$) 5 Name of person from whom amount is received 07/25/2023 Frost Bank \$13.59 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77251-1315 Purpose for which amount is received Check if political contribution returned to filer Monthly Interest Payment Amount (\$) Name of person from whom amount is received Date 12/26/2023 St. Agnes Academy \$590.87 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77036 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for sandwiches