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 26 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Kristen Brauchle NAME Date Received **ELECTRONICALLY FILED** 10/07/2024 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 X 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** 07/01/2024 09/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 11 Harris District Judge District 11

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 26

13 C / OH NAME	Hawkins, Kristen Bra	uchle (The Honorable)	14 Filer ID 00080005	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	xpenditures made by political c without the candidate's or office ormation only if they receive no	eholder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER I	NAME	
		COMMITTEE CAMPAIGN TREASURER A	ADDRESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHE ES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF	F LOANS)	\$ 29,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 59,007.70
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF	F THE LAST DAY OF THE	\$ 267,304.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOATING PERIOD	ANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, unde true and correct and inc under Title 15, Election	r penalty of perjury, that the acc cludes all information required t Code.	companying report is o be reported by me
		The Ho	norable Kristen Brauchle Ha	awkins
		Sign	nature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid		day
of	, 20, to c	ertify which, witness my hand and seal of of	fice.	
Signature of office	cer administering oath	Printed name of officer administering	oath Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	JVER	3 of 26		
I	18 FILER NAME Hawkins, Kristen Brauchle (The Honorable) 19 Filer ID (Ethics Commission Filers) 00080005						
l		E SUBTOTALS SCHEDULE		SUI	BTOTAL AMOUNT		
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	29,600.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$			
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$			
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	59,007.70		
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	DNS	\$			
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	51.36		

MONET	ARY POLITICAL (CONTRIBUTIO	ONS	SCHEDULE A(J)1
The Instruc	ction Guide explains hov	1 Total pages Schedule A(J)1: Sch: 1/7 Rpt: 4/26		
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Hawkins, Kris	sten Brauchle (The Honorabl	e)		00080005
4 Date	5 Full name of contributor	out-of-state PAC (ID#:		7 Amount of Contribution (\$)
09/11/2024	Aziz, Muhammad			\$5,000.00
	6 Contributor address; City; S	tate; Zip Code		
	Houston, TX 77002-1707	,		
8 Contributor's P	Principal Occupation		9 Contributor's Job Title	•
Attorney			Attorney	
10 Contributor's e	employer/law firm		11 Law firm of contributor's s	pouse (if any)
Abraham Wa	atkins Nichols Agosto Aziz &	Stogner		
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 (\$)
09/24/2024	Ben Crump Law	_		\$1,000.00
	Contributor address; City; S	state; Zip Code		· '
Contributor's P	Frisco, TX 75034-2074 Principal Occupation		Contributor's Job Title	
Contributor's e	mployer/law firm		Law firm of contributor's s	pouse (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 (\$)
09/24/2024	Doyle Restrepo Harvin &	Robbins LLP		\$500.00
	Contributor address; City; S	state; Zip Code		
	Houston, TX 77002-1061		1	
Contributor's P	Principal Occupation		Contributor's Job Title	
Contributor's e	employer/law firm		Law firm of contributor's s	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1		
	The Instru	ction Guide explains hov	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 2/7 Rpt: 5/26	
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorabl	e)		3	Filer ID (Ethics Commission Filer 00080005	s)
4	Date 09/10/2024			7	Amount of Contribution (\$) \$25	50.00	
		Houston, TX 77006-6520					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10		employer/law firm her Sanford & Montgomery L	LP	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#:)	Г	Amount of Contribution (\$)	
	09/25/2024 Hall, Benjamin Contributor address; City; State; Zip Code		•	\$2,50	00.00		
		Houston, TX 77006-4021					
	Contributor's Principal Occupation Contributor's Job Title						
	Attorney						
Contributor's employer/law firm Law firm of contributor's spouse (if a				se (if any)			
	Hall Law Gro	oup					
	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 (\$)	
	09/24/2024	Hataway-Cone', Misty	_			\$1,00	00.00
		Contributor address; City; S Houston, TX 77008-6913			•		
	Contributor's F	rincipal Occupation		Contributor's Job Title	1		
	Attorney						
	Contributor's employer/law firm Law firm of contributor's s			ous	se (if any)		
Cone' PLLC							
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS			SCHEDULE	A(J)1
	The Instruction Guide explains how to complete this form.						ages Schedule A(J): /7 Rpt: 6/26	1:
2	FILER NAME				3	Filer ID	(Ethics Commissi	ion Filers)
	Hawkins, Kr	isten Brauchle (The Honora	ble)			000800	005	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount	of Contribution (\$)	
	09/10/2024	Haynes, Kevin						\$1,000.00
		6 Contributor address; City;	State; Zip Code					
		Houston, TX 77030-121	.5					
8	Contributor's	Principal Occupation		9 Contributor's Job Title				
	Attorney			Attorney				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pou	se (if any)	
	Kherkher Ga	arcia LLP						
12	! If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount	of Contribution (\$)	
	09/24/2024	Higdon, Stephen	_					\$250.00
		Contributor address; City;	State; Zip Code		"			
		Dallas, TX 75218-1221						
	Contributor's	Principal Occupation		Contributor's Job Title				
	Lawyer			Lawyer				
		employer/law firm		Law firm of contributor's s	pou	se (if any)	
	Lyons & Sim	nmons LLP						
	If contributor i	s a child, law firm of parent(s) (if any)					
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount	t of Contribution (\$)	
	09/24/2024	Hoffer, Stewart	_					\$100.00
		Contributor address; City;	State; Zip Code		"			
		Bellaire, TX 77401-482	2					
	Contributor's	I Principal Occupation		Contributor's Job Title				
Lawyer Lawyer			Lawyer					
	Contributor's	employer/law firm		Law firm of contributor's s	pou	se (if any)	
	Hicks Thoma							
	If contributor i	s a child, law firm of parent(s) (f any)	I				

MONET	ARY POLITICAL CONT	RIBUTIONS	SCHEDULE A(J)1
The Instruc	ction Guide explains how to con	1 Total pages Schedule A(J)1: Sch: 4/7 Rpt: 7/26	
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	f-state PAC (ID#:	7 Amount of Contribution (\$)
09/18/2024	John D Edwards MD PA		\$100.00
	6 Contributor address; City; State; Zip C	Code	
	Houston, TX 77009-5029		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	<u>—</u>	f-state PAC (ID#:	Amount of Contribution (\$)
09/24/2024	Kherkher Garcia LLP Contributor address; City; State; Zip C		\$5,000.00
Contributor's F	Houston, TX 77098-3145	Contributor's Job Title	
Continuator 3 i	тпора Оссаратоп	Continuator 3 300 Flac	
Contributor's e	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 out-of	f-state PAC (ID#:) Amount of Contribution (\$)
09/10/2024	Kim, John	, state 1710 (12%	\$1,000.00
	Contributor address; City; State; Zip C		
Constalle : 1 =	Houston, TX 77006-5857	Contributor's Job Title	
Contributor's Principal Occupation Contribut Attorney Attorney			
	employer/law firm	Law firm of contributor	's spouse (if any)
The Kim Law			· · · · · · · · · · · · · · · ·
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: 5/7 Rpt: 8/26
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorable	e)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 09/10/2024 5 Full name of contributor out-of-state PAC (ID#:) McMillan, Chance 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$2,500.00		
		Houston, TX 77002-6311				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e The McMilla	employer/law firm n Law Firm		11 Law firm of contributor's sp	ous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if a	ny)	I		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	09/10/2024	Mcfarland, John Contributor address; City; Sta	ate; Zip Code		•	\$250.00
		Houston, TX 77030-1811		T		
Contributor's Principal Occupation Contributor's Job Title						
Lawyer Lawyer Contributor's employer/law firm Law firm of contributor's spouse (if a				on (if any)		
		and Lawyers PLLC		Law littl of collabutors sp	ous	se (II ally)
		s a child, law firm of parent(s) (if a	ny)			
F	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)
	09/13/2024	Meade Neese & Barr LLP Contributor address; City; Sta	ate; Zip Code		•	\$1,000.00
		Houston, TX 77002-8628				
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Contributor's e	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	ny)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	v to complete this t	form.		es Schedule A(J)1: Rpt: 9/26
2	FILER NAME Hawkins, Kr	sten Brauchle (The Honorable	e)		3 Filer ID 0008000	(Ethics Commission Filers)
4	Date 09/10/2024	5 Full name of contributor out-of-state PAC (ID#:) 7		7 Amount o	f Contribution (\$) \$100.00	
		Houston, TX 77005-2735				
8		Principal Occupation		9 Contributor's Job Title		
L	Retired			Retired		
10	Contributor's Retired	employer/law firm		11 Law firm of contributor's sp	oouse (if any)	
12		s a child, law firm of parent(s) (if a	any)			
			,			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount o	f Contribution (\$)
	09/24/2024 Ownby, Kathleen Contributor address; City; State; Zip Code					\$50.00
		Houston, TX 77005-2854				
Contributor's Principal Occupation Contributor's Job Title				1		
Director Director						
		employer/law firm		Law firm of contributor's sp	oouse (if any)	
L		ool Park Program				
	If contributor i	s a child, law firm of parent(s) (if a	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount o	f Contribution (\$)
	09/25/2024	Reynolds, Chris	_ ` ·	·		\$1,000.00
		Contributor address; City; S Houston, TX 77002-5448				
	Contributor's Principal Occupation Contributor's Job Title			Contributor's Job Title		
	Attorney					
Contributor's employer/law firm Law firm of contributor's s			oouse (if any)			
L	Reynolds Fr	izzell LLP				
	If contributor is 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		ges Schedule A(J)1 7 Rpt: 10/26	L:
2	FILER NAME				3	Filer ID	(Ethics Commissi	on Filers)
	Hawkins, Kr	isten Brauchle (The Honora	ble)			000800	005	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount	of Contribution (\$)	
	09/22/2024	Sorrels, Randall						\$1,000.00
		6 Contributor address; City;	State; Zip Code					
		Houston, TX 77007-825	50					
8	Contributor's	Principal Occupation		9 Contributor's Job Title				
	Attorney			Attorney				
10		employer/law firm		11 Law firm of contributor's s	pou	se (if any)		
	Sorrels Law							
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 (\$)	
	09/11/2024	Talbot, Eva	<u> </u>					\$1,000.00
		Contributor address; City;	State; Zip Code		"			
			•					
		Houston, TX 77035-500)2					
	Contributor's	Principal Occupation		Contributor's Job Title				
	Retired			Retired				
	Contributor's	employer/law firm		Law firm of contributor's s	pou	se (if any)		
	Retired							
	If contributor i	s a child, law firm of parent(s) (if any)	<u>I</u>				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount	of Contribution (\$)	
	09/24/2024	The West Law Firm						\$5,000.00
		Contributor address; City;	State; Zip Code					
			•					
		Sugar Land, TX 77479-	4922					
	Contributor's	Principal Occupation		Contributor's Job Title				
	Attorney							
	Contributor's	employer/law firm		Law firm of contributor's s	pou	se (if any)		
	The West la	w Firm						
	If contributor i	s a child, law firm of parent(s) (if any)					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By 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:		
	Sch: 1/15 Rpt: 11/26	Hawkins, Kristen Brauchle (The Honorable) 00080005	_
4	Date	5 Payee name	
	09/06/2024	BlueHost	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.99	10 Corporate Drive	
		Burlington, MA 01803-4200	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		website domain hosting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	
	Date	Payee name	=
	08/06/2024	BlueHost	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$3.99	10 Corporate Drive	
		Burlington, MA 01803-4200	
	DUDDOGE		_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		website domain hosting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
	Date	Payee name	=
	07/08/2024	BlueHost	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.99	10 Corporate Drive	
		Burlington, MA 01803-4200	
	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 domain hosting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct 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 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	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: 2/15 Rpt: 12/26	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	09/24/2024	Brooks IT Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$362.48	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
		Compaign IT
		Campaign IT
_	Operation ONLY & Street	Our stide to 10 ff as health are seen as 10 ff as a sought
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	09/24/2024	Brooks IT Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$362.48	PO Box 926202
		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 travel outside of Texas. Complete Schedule T.
		Campaign IT
		Campaignin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
		_
	Date	Payee name
	07/08/2024	Brooks IT Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$362.48	PO Box 926202
		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 travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign IT
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiord to benefit 0/01	•

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

Travel in Dis
Travel Out of
Contract Labor

Travel Out of
OTHER (ent

	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: 3/15 Rpt: 13/26	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	09/11/2024	Cardona, James
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	5216 Leeland St.
		Houston, TX 77023
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.
		Consulting Fee
		Consulting 1 cc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Davies same
	Date	Payee name
	09/10/2024	Cardona, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	5216 Leeland St.
		Houston, TX 77023
	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.
	-	Consulting Fee
		Consulting Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	08/12/2024	Cardona, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	5216 Leeland St.
		Houston, TX 77023
	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.
		Consulting Fee
		Consulting Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	
L	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: 4/15 Rpt: 14/26	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	08/08/2024	Cardona, James
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	5216 Leeland St.
		Houston, TX 77023
Ļ		
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	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/O	
	Date	Payee name
	07/15/2024	Cardona, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$812.63	5216 Leeland St.
		Houston, TX 77023
	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
		Consuming 1 cc
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	07/09/2024	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 EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITURE	Check if Austin, TX, officeholder living expense
		Consulting Fee
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1

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		nmittee Legal Services Frinding Expense Printing Expense Salaries/Wages		Contract Labor		OTHER (enter a	category not listed abo	ve)
	Credit Card Payment		The Instruction Guide explains how to comple	lete	e this form.				
1	Total pages Schedule F1:	2	FILER NAME		3	3	Filer ID	(Ethics Commission	on Filers)
	Sch: 5/15 Rpt: 15/26		Hawkins, Kristen Brauchle (The Honorable)				00080005		
4	Date	5	Payee name	_	L				
	07/08/2024		Cardona, James						
6	Amount (\$)	7	Payee address; City; State; Zip Code	—					
٠	\$2,000.00	ľ	5216 Leeland St.						
	Ψ2,000.00		ozio zeolana ot.						
			Houston TV 77022						
		$oxed{oxed}$	Houston, TX 77023						
8	PURPOSE OF	(a)	c y (cor consignite matter at the constraint)) [Description				
	EXPENDITURE		Consulting Expense	Ļ	Check if travel out Check if Austin, T				
				_ (Consulting Fee		omoonoidor iiviiig	одронос	
					3				
9	Complete ONLY if direct		Candidate/Officeholder name Office sought	<u> </u>			Office he	eld	
	expenditure to benefit C/OI								
	Date	Π	Daves name	_					
	09/23/2024		Payee name Double Tree						
		<u> </u>		_					
	Amount (\$) \$215.26		Payee address; City; State; Zip Code 303 W 15th St						
	Φ215.20		303 W 1301 St						
			A						
		$oxed{oxed}$	Austin, TX 78701						
	PURPOSE OF	(a)	c y (cor consignite matter at the constraint)) [Description				
	EXPENDITURE		Travel Out of District	Ļ	Check if travel out Check if Austin, T				
				ŀ	In the state of th				
					•		J		
	Complete ONLY if direct		Candidate/Officeholder name Office sought	<u> </u>			Office he	eld	
	expenditure to benefit C/OI	Н	•						
	Date	Π	Payee name	_					
	09/03/2024		Frost Bank						
	Amount (\$)	\vdash	Payee address; City; State; Zip Code	—					
	\$27.50		P.O. Box 1315						
	Ψ21.00		1.0. Box 1010						
			Houston, TX 77251-1315						
	D. 100.00		lax	_					
	PURPOSE OF	(a)	,) [Г	Description Check if travel out	teid	le of Teyes Com	nlete Schedule T	
	EXPENDITURE		Fees	F	Check if Austin, T				
				F	ച Processing fee		_	·	
					-				
	Complete ONLY if direct		Candidate/Officeholder name Office sought	 t			Office he	eld	
	expenditure to benefit C/OI		, and the second se						

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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 6/15 Rpt: 16/26	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	08/02/2024	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.50	P.O. Box 1316
	1	
		Houston, TX 77251-1315
8	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
	!	Processing fees
	!	in the second se
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
5	expenditure to benefit C/O	
_	Data	<u> </u>
	Date	Payee name
	07/01/2024	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.50	P.O. Box 1317
	!	
	!	Houston, TX 77251-1315
	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.
	LA LIBITORE	Check if Austin, TX, officeholder living expense
	!	Processing fees
_	Chill Mission	Office held
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	07/22/2024	HARRIS COUNTY DEMOCRATIC PARTY
	Amount (\$)	Payee address; City; State; Zip Code
	\$40,000.00	4619 Lyons Ave
	!	
	!	Houston, TX 77020
	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
	!	Donation
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

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 Exp Legal Services The Instruction Guide	oense F		pense ages/	Contract Labor		Travel in District Travel Out of Dist OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:								Filer ID	(Ethics Commission Filers)
L	Sch: 7/15 Rpt: 17/26	Hawkins,	Kristen Brauchle (Th	ne Honorab	ole)				00080005	
4	Date	5 Payee nan	ne							
	08/23/2024	HBAD								
6	Amount (\$)	7 Payee add	ress; City;	State;	Zip Co	de				
	\$500.00	5300 Griç	ıgs Rd							
		Houston,	TX 77021							
8	PURPOSE	(a) Category	(See Categories listed at the to	op of this sched	ule)	(b)	Description			
	OF EXPENDITURE	Contributi	ons/Donations Made	е Ву					de of Texas. Comp	
		Candidate	e/Officeholder/Politic	al Committ	tee		Check if Austin, Donation	, TX,	officeholder living	expense
							Donation			
9	Complete ONLY if direct	Candidata	Officeholder name	O#	ice sou	aht			Office he	ald
9	Complete ONLY if direct expenditure to benefit C/O		miceriolider Haffle	Oll	ice sou	yııı			Onice ne	iu
	Date	Payee nan	ne							
	09/01/2024	Houston A	Association of Wome	en Attorney	/S					
	Amount (\$)	Payee add	ress; City;	State;	Zip Co	de				
	\$35.00	2450 Lou	isiana St.							
		Houston,	TX 77006							
	PURPOSE	(a) Category	(See Categories listed at the to	op of this sched	ule)	(b)	Description			
	OF EXPENDITURE	Fees					<u> </u>		de of Texas. Comp	
							Check if Austin, Dues	, TX,	officeholder living	expense
							Duco			
_	Complete ONLY if direct	Candidate/C	Officeholder name	Off	ice sou	aht			Office he	Ald
	expenditure to benefit C/O		mosnoider Haine	Oli	.cc 300	9111			Cilice He	
\vdash	Data	Davis								
	Date 09/09/2024	Payee nan Houston								
				Ct-:	71: 0	al c				
	Amount (\$)	Payee add		State;	∠ıp Co	de				
	\$91.00	4/4/ 500	thwest Fwy							
		Houston,	TX 77027							
	PURPOSE	(a) Category	(See Categories listed at the to	op of this sched	ule)	(b)	Description			
	OF EXPENDITURE		erhead/Rental Exper				ш		de of Texas. Comp	
							Check if Austin, Subscription	, TX,	officeholder living	expense
							อนมอดาเหนิบไไ			
	Complete ONLY if direct	Candidate/C	Officeholder name	Off	ice sou	aht			Office he	ald
	expenditure to benefit C/O		mocholaci Hailic	Oli	ice sou	giit			Office He	iiu

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: 8/15 Rpt: 18/26	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	08/12/2024	Houston Chronicle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$82.95	4747 Southwest Fwy
		Houston, TX 77027
8	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
		Subscription
		Casconpain
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/15/2024	Houston Chronicle
H	Amount (\$)	Payee address; City; State; Zip Code
	\$82.95	4747 Southwest Fwy
		Houston, TX 77027
	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
		Subscription
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/23/2024	Houston LGBT Caucus PAC
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 66664
		Houston, TX 77266-6664
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	2/11/2/10/12	Candidate/Officeholder/Political Committee
		Donation
\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/Politica Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 54:	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 9/15 Rpt: 19/26	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080005
4	Date	5 Payee name
	09/09/2024	JW Marriott San Antonio Hill Country
6	Amount (\$) \$832.05	7 Payee address; City; State; Zip Code23808 Resort Pkwy
		San Antonio, TX 78261
8	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 Judicial conference
		Judicial Conference
_	Operation ONE VIII II	On didn't 10 ff a halden game
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/18/2024	Mexican American Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P. O. Box 303
		Houston, TX 77001-0303
	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
		2 Silvatorii
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/28/2024	Meyerland Area Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 310061
		Houston, TX 77231-0061
	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
		uonauon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

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 Expens Legal Services The Instruction Guide ex	Salaries/	Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict ategory not listed above)
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
L	Sch: 10/15 Rpt: 20/26	Hawkins,	Kristen Brauchle (The	Honorable)				00080005	
4	Date	5 Payee nan	ne						
	09/16/2024	NGPVAN							
6	Amount (\$)	7 Payee add	lress; City;	State; Zip C	ode				
	\$266.50	1445 Nev	v York Ave NW Ste 200)					
		Washingt	on, DC 20005						
8	PURPOSE	(a) Category	(See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE		erhead/Rental Expense				outsi	de of Texas. Comp	lete Schedule T.
	EXPENDITORE					ш	, TX,	officeholder living	expense
						Database			
_	Complete ONII V if direct	Condidate /	Office holder name	04:55				Office I	d
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office so	ugnt			Office hel	u
	Date	Payee nan	ne						
	08/07/2024	NGPVAN							
	Amount (\$)	Payee add	lress; City;	State; Zip C	ode				
	\$266.50	1445 Nev	v York Ave NW Ste 200)					
		Washingt	on, DC 20005						
	PURPOSE		(See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE		erhead/Rental Expense			_ ·	outsi	de of Texas. Comp	lete Schedule T.
	LAFENDITURE		•			ш.	, TX,	officeholder living	expense
						Database			
_	Operation ONE V. C. F.	0	N## - - - -	0"				Otr. 1 :	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name	Office so	ught			Office hel	a
L									
	Date	Payee nan							
	07/03/2024	NGPVAN							
	Amount (\$)	Payee add	, ,,	State; Zip C	ode				
	\$266.50	1445 Nev	v York Ave NW Ste 200)					
		Washingt	on, DC 20005						
	PURPOSE	(a) Category	(See Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Ov	erhead/Rental Expense	e				de of Texas. Comp	
						Check if Austin. Database	, FX,	officeholder living	expense
						Dalabase			
_	Complete ONLY if direct	Candidate/C	Officeholder name	Office so	llapt			Office hel	ld
	expenditure to benefit C/O		mosnoidei name	Office 30	agni			Cilico ilei	· ·

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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
_	Sch: 11/15 Rpt: 21/26	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	09/23/2024	New York Times
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.60	620 Eighth Avenue.
		New York, NY 10018
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Subscription
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
	Date	Payee name
	08/26/2024	New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.60	620 Eighth Avenue.
		New York, NY 10018
	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 Subscription
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 07/29/2024	Payee name New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.60	620 Eighth Avenue.
		New York, NY 10018
	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
		Subscription
	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 C

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: 12/15 Rpt: 22/26	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	07/01/2024	New York Times
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.60	620 Eighth Avenue.
		New York, NY 10018
8	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
		Subscription
		Cascarpton
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/20/2024	Nixta Hospitality
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.82	2512 E 12th St
	400.02	2012 2 12(1) 0(
		Austin, TX 78702
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Dinner while presenting at CLE conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Dayso nama
	09/03/2024	Payee name Paragon
		-
	Amount (\$) \$32.00	Payee address; City; State; Zip Code 1505 N Hydin Rd.
	φ32.00	
		Ste. 110
		Pittsburgh, PA 15257-0001
	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
		Processing fees
		3
	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 Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
Ŀ	T-4-1	<u> </u>	O Files ID (Fables Occupiedos E")
	Total pages Schedule F1: Sch: 13/15 Rpt: 23/26	Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4	Date	5 Payee name	
	08/02/2024	Paragon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$143.44	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		utside of Texas. Complete Schedule T.
l	EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	TX, officeholder living expense
		Processing fe	es
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	07/02/2024	Paragon	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$117.10		
	Φ117.10	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		utside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Processing fe	es
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	-	
⊨	5 :		
	Date	Payee name	
	08/29/2024	Shipley Do-Nuts	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.64	1001 McKinney St b2	
		,	
		Houston, TX 77002	
l _	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense	utside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
ĺ		Refreshments	5
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		555
lacksquare			
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SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By 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: 14/15 Rpt: 24/26	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	09/23/2024	South Texas College of Law
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1303 San Jacinto St
		Houston, TX 77002-7006
8	PURPOSE	
0	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/23/2024	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/29/2024	Texas Association of District Judges
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.05	201 Caroline, 10th Floor
		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
	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

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	mmittee	Gift/Awa Legal S		ense als Expense Guide expl	Print Sala		se s/Contract L		Trav	el in Distric el Out of Di ER (enter a	istrict	ry not listed	above)
1	Total pages Schedule F1:	2	FILER NAM	E						3	File	r ID	(Ethi	cs Comm	ission Filers)
	Sch: 15/15 Rpt: 25/26		Hawkins, k		Brauchle	e (The Ho	onorable)	1			000	80005			
4	Date	5	Payee name												
	08/23/2024		Texas Den	nocrati	c Wome	n - Harris	County								
6	Amount (\$)	7	Payee addre	ess;	City;	S	tate; Zip	Code							
	\$500.00		766 Thornb	brush											
			Houston, T	X 770	79										
8	PURPOSE	(a)	Category (S	See Categ	ories listed a	at the top of th	is schedule)	(b)	Descrip	ition					
	OF EXPENDITURE		Contributio	ns/Dor	nations N	Made By				k if travel outs					
	LAFENDITORE		Candidate/	Officel	holder/Po	olitical Co	mmittee		_	k if Austin, TX	X, office	holder livin	g expens	se	
									Donati	on					
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficehold	ler name		Office	sought				Office h	eld		

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: 1/1 Rpt: 26/26 2 FILER NAME Filer ID (Ethics Commission Filers) Hawkins, Kristen Brauchle (The Honorable) 00080005 8 Amount (\$) Date 5 Name of person from whom amount is received 09/24/2024 Frost Bank \$17.08 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 Name of person from whom amount is received Amount (\$) Date 08/22/2024 Frost Bank \$16.41 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 Date Name of person from whom amount is received Amount (\$) 07/23/2024 Frost Bank \$17.87 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