CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00080284	sion Filers)	2 Total pages file 7	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Barbara			Date Received ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	 01/15/2025	
		Hawkins				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING ADDRESS	P.O. Box 18659				Receipt #	Amount
Change of Address	San Antonio, TX 78218					
	Carry unternet, 170 10216				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Frances				
	NICKNAME	LAST		SUFFIX		
	TWORW WILL	Boynes		301117		
		20,00				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	3950 River Falls					
(Residence or Business)	San Antonio, TX 78259					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(210) 422-1445					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after car appointment (office	
	July 15	8th day before	election	Exceeded modified	Final Report (Atta	
		<u> </u>		reporting limit	-	
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	IROUGH	12/31/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
		□G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Distr	ict 120 Bexar		State Represent	ative	
	1			I		
	GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 71

13 C / OH NAME	Hawkins, Barbara (Th	e Honorable)	14 Filer ID 00080284	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expe These expenditures may have been made with officeholders are required to report this inform	nout the candidate's or office	eholder's knowledge or						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
ш°	GENERAL									
		COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER NAM	ИΕ							
		COMMITTEE CAMPAIGN TREASURER ADD	PRESS							
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00						
	DANS)	\$ 82,784.50								
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS				\$ 0.00						
	4. TOTAL POLITIC		\$ 55,332.79							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TI RIOD	HE LAST DAY OF THE	\$ 109,323.12						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	S AS OF THE LAST DAY	\$ 0.00						
17 AFFIDAVIT			enalty of perjury, that the access all information required t							
		The H	onorable Barbara Hawki	ns						
		Signatu	re of Candidate or Officeho	lder						
AFFIX NO	TARY STAMP / SEAL ABO	OVE								
Sworn to and subs	cribed before me, by the s	aid	, this the	day						
of	, 20, to ce	rtify which, witness my hand and seal of office								
Signature of office	cer administering	Signature of officer administering Printed name of officer administering Title of officer administering oath								

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				, v =	3 of 71
18 FILE		ME Barbara (The Honorable)	19 Filer ID 00080284	(Ethics C	ommission Filers)
		E SUBTOTALS SCHEDULE		SUE	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	82,784.50
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	55,332.79
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.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION)NS		SCHEDUL	_E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/16 Rpt: 4/71	
2	FILER NAME Hawkins, Ba	arbara (The Honorable)		3	Filer ID (Ethics Commission 00080284	on Filers)
4	Date 11/04/2024	5 Full name of contributor out-of-state PAC (ID#:_ AGC Texas 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
8	Dringinal occu	San Antonio, TX 78216 upation / Job title (See Instructions)	Employer (See Instructions			
٥	РППСІраї осси	pation / Job tille (See instructions)	9 Employer (See Instructions)) 		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_Amato, Charles (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	san antonio, TX 78216 upation / Job title (See Instructions)	Employer (See Instructions			
	CEO	pation 7 555 and (556 metasters)	SBC	, 		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Ancira, April Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78015				
	Principal occu Vice Preside	upation / Job title (See Instructions) ent	Employer (See Instructions) Ancira)		
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:_Ancira, Jesse Contributor address; City; State; Zip Code Taylor, TX 76574)		Amount of Contribution (\$)	\$960.50
	Principal occu Attorney	upation / Job title (See Instructions)	Employer (See Instructions) Self)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Associated Builders & Contractors Contributor address; City; State; Zip Code Austin, TX 78767)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/16 Rpt: 5/71	
2	FILER NAME Hawkins, Ba	rbara (The Honorable)		3	Filer ID (Ethics Commission 00080284	on Filers)
4	Date 10/02/2024	5 Full name of contributor out-of-state PAC (ID#:_ Bexar County Justice PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
_	<u> </u>	San Antonio, TX 78232				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#:_Blackridge Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:_ Bracewell PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77002 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/08/2024	Full name of contributor out-of-state PAC (ID#:_ Brooks, Veronica Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Burney, Frank Contributor address; City; State; Zip Code San Antonio, TX 78205			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/16 Rpt: 6/71	
2	FILER NAME Hawkins, Ba	rbara (The Honorable)		3	Filer ID (Ethics Commission 00080284	on Filers)
4	Date 09/09/2024	5 Full name of contributor out-of-state PAC (ID#:_ Centene Corporation PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
		St. Louis, MT 63105				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ Charter Communications Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Charter Schools Now PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Chevron Employees PAC			Amount of Contribution (\$)	\$500.00
		Contributor address; City; State; Zip Code San Ramon, CA 94583				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_ Cruz, Juan Contributor address; City; State; Zip Code Laredo, TX 78041			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/16 Rpt: 7/71	
2	FILER NAME Hawkins, Ba	ırbara (The Honorable)		3	Filer ID (Ethics Commission 00080284	on Filers)
4	Date 08/09/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
•	Dringing Logg	San Antonio, TX 78217	0 Employer (Co.) Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_Firefighters Assoc Local 624 Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,624.00
	Principal occu	San Antonio, TX 78201	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	,		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Friends of San Antonio Leaders for University of Contributor address; City; State; Zip Code	f Texas Excellence		Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78249				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:_ Garcia, Joe A Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:_ Garcia, Kathleen Contributor address; City; State; Zip Code Georgetown, TX 78633)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	S		SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this form	n.	1	Total pages Schedule A1: Sch: 5/16 Rpt: 8/71	
2	FILER NAME Hawkins, Ba	rbara (The Honorable)		3	Filer ID (Ethics Commission Filers) 00080284	
4	Date 09/16/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$250.00	,
_	Daine in a la casa	San Antonio, TX 78209	Faradaya (Carabastian			_
8	Retired	pation / Job title (See Instructions) 9	Employer (See Instructions None)		
	Date 10/11/2024	Full name of contributor)		Amount of Contribution (\$) \$1,000.00)
	Principal occu	Albany, NY 12207 pation / Job title (See Instructions)	Employer (See Instructions)		_
		, ,				
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID#: HCA Texas Good Government Fund Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$500.00)
		Irving, TX 75039				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#: HOMEPAC of Texas Texas Assoc of Builders Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$) \$500.00	-
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		_
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#: HS Law PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$) \$250.00	=
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		_
		 				_

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 6/16 Rpt: 9/71	
2	FILER NAME Hawkins, Ba	rbara (The Honorable)			3	Filer ID (Ethics Commission 00080284	on Filers)
4	Date 12/23/2024	5 Full name of contributor Harkless, Lawrence (Dr.)6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	San Antonio, TX 78216 pation / Job title (See Instructions)	l g	Employer (See Instructions)		
	Doctor	pation / out title (occ manacions)		Retired	,		
	Date 11/04/2024	Full name of contributor Hospital PAC Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78751					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/18/2024	Full name of contributor Hotel PAC of THLA Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/02/2024	Full name of contributor IATSE Local 484 PAC Fund Contributor address; City; State Austin, TX 78741)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor J. Ancira Strategies Contributor address; City; State Taylor, TX 76574	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$400.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			l				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/16 Rpt: 10/71	
2	FILER NAME Hawkins, Ba	ırbara (The Honorable)		3	Filer ID (Ethics Commission 00080284	on Filers)
4	Date 11/20/2024	5 Full name of contributor out-of-state PAC (ID#:_ Leal, Roland 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
_	Poincia di con	Georgetown, TX 78628				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_ Legacy 44 Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78756 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Linebarger Goggan Blair & Simpson, LLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:_ Long, Wade (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu Lobbyist	pation / Job title (See Instructions)	Employer (See Instructions Self-employed)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_Miller, Jeff Contributor address; City; State; Zip Code Austin, TX 78732			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION)NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/16 Rpt: 11/71	
2	FILER NAME Hawkins, Ba	arbara (The Honorable)		3	Filer ID (Ethics Commission 00080284	on Filers)
4	Date 12/04/2024	Full name of contributor		7	Amount of Contribution (\$)	\$500.00
	Dringing Loop	Austin, TX 78746	Coo Instructions			
8	Рппсіраї осси	upation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: Pharm PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78757 upation / Job title (See Instructions)	Employer (See Instructions	.)		
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#: Poinsett PLLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	.)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Rodriquez, Marc Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu Attorney	upation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID#:_ Ryan Texas PAC Contributor address; City; State; Zip Code Dallas, TX 75240			Amount of Contribution (\$)	\$2,500.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/16 Rpt: 12/71	
2	FILER NAME Hawkins, Ba	rbara (The Honorable)		3	Filer ID (Ethics Commission 00080284	on Filers)
4	Date 09/17/2024	 5 Full name of contributor out-of-state PAC (ID#:_ Sakai, Peter 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	San Antonio, TX 78212 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	County Judg		Bexar County	,		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ San Antonio Apartment Assoc PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Dringing aggr	San Antonio, TX 78249	Employer (Can Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ San Antonio Professional Firefighters Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,500.00
		San Antonio, TX 78201				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Serna, Walter Contributor address; City; State; Zip Code San Antonio, TX 78205			Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self-Employed)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Sheppard, Jennifer Contributor address; City; State; Zip Code San Antonio, TX 78217			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 10/16 Rpt: 13/71			
2	FILER NAME Hawkins, Ba	rbara (The Honorable)		3	Filer ID (Ethics Commission 00080284	on Filers)	
4	Date 09/20/2024 5 Full name of contributor out-of-state PAC (ID#:) Southern Glazer PAC of Texas 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00	
_	<u> </u>	Austin, TX 78701					
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instruction						
	Date Full name of contributor out-of-state PAC (ID#:) 09/12/2024 Southwest Business Corporation PAC Contributor address; City; State; Zip Code San Antonio, TX 78216				Amount of Contribution (\$)	\$500.00	
	Principal occupation / Job title (See Instructions) Employer (See Instruction						
	Date Full name of contributor out-of-state PAC (ID#:) 09/25/2024 TAPTP PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Helotes, TX 78023 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	i illoipai ooda	pation / vos title (eee metadotoris)	Employer (Goo mondone)				
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: TREPAC/Texas Assoc of Realtors PAC Contributor address; City; State; Zip Code Austin, TX 78768-2246)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ TREPAC/Texas Assoc of Realtors PAC Contributor address; City; State; Zip Code Austin, TX 78768-2246)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/16 Rpt: 14/71	
2	FILER NAME Hawkins, Ba	rbara (The Honorable)		3	Filer ID (Ethics Commission 00080284	on Filers)
4	Date 09/16/2024 5 Full name of contributor out-of-state PAC (ID#:) TXTA Truck PAC 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
_		Austin , TX 75701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 09/25/2024 Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) Texas Apartment Assoc PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	Austin, TX 78701-1951 pation / Job title (See Instructions)	Employer (See Instructions)		
		,		,		
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Crane Owners PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Auto Dealers Association Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 12/16 Rpt: 15/71			
2	FILER NAME Hawkins, Ba	urbara (The Honorable)		3	Filer ID (Ethics Commission 00080284	on Filers)	
4	Date 12/01/2024 5 Full name of contributor out-of-state PAC (ID#:) Texas BOMA PAC 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00	
_		Leander, TX 78646					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 11/20/2024 Texas CPA PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00	
	Principal occu	Dallas, TX 78254 upation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Democratic Women Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$1,100.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association PAC Contributor address; City; State; Zip Code Austin, TX 78704			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Assoc PAC Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 13/16 Rpt: 16/71		
2	FILER NAME Hawkins, Ba	ırbara (The Honorable)		3	Filer ID (Ethics Commission 00080284	on Filers)
4	Date 09/25/2024 5 Full name of contributor out-of-state PAC (ID#:) Texas Lobby Strategies 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 09/18/2024 Texas Medical Association PAC Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) Texas Optometric PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78705 pation / Job title (See Instructions)	Employer (See Instructions)		
		panent coo and (coo men actions)	pie) 6. (666 illet dotte) 6	,		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Sands Pac Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trail Lawyers Assoc PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 14/16 Rpt: 17/71			
2	FILER NAME Hawkins, Ba	rbara (The Honorable)		3	Filer ID (Ethics Commission 00080284	on Filers)	
4	Date 11/19/2024 5 Full name of contributor out-of-state PAC (ID#:) Texas Trail Lawyers Assoc PAC 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00	
_		Austin, TX 78701					
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instruction						
	Date Full name of contributor out-of-state PAC (ID#:) O9/25/2024 Texas Travel Alliance PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3,000.00	
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/11/2024 Texas Wildlife Association Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,500.00	
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: Torres, Kari Contributor address; City; State; Zip Code Austin, TX 78704)		Amount of Contribution (\$)	\$50.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:_ TxANA PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/16 Rpt: 18/71	
2	FILER NAME	where (The Herewelle)		3	Filer ID (Ethics Commission	on Filers)
	Hawkins, Ba	rbara (The Honorable)			00080284	
4	Date 09/03/2024 5 Full name of contributor out-of-state PAC (ID#:) USAA Employee PAC 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3,000.00
		San Antonio, TX 78288-0453				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/06/2024 Union Pacific Contributor address; City; State; Zip Code Washington, DC 20005 Principal occupation / Job title (See Instructions) Employer (See Instruction					\$2,000.00
	Principal occu	pation / Job title (See Instructions)	5)			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/04/2024	Valero Political Action Committee				\$1,000.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78269		<u>L</u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/03/2024	Walmart PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Bentonville, AR 72715				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/09/2024	Weekley, Richard (Mr.)				\$1,500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77055				
	Principal occu Unknown	pation / Job title (See Instructions)	Employer (See Instructions Unknown	s)		

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	1 Total pages S Sch: 16/16			
2	FILER NAME Hawkins, Ba	arbara (The Honorable)	3 Filer ID (Et 00080284	hics Commissio	on Filers)	
4	Date 09/25/2024	Full name of contributor	7 Amount of Co	ontribution (\$)	\$1,000.00	
		Austin, TX 78701	_			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID# Zachry Corporation PAC Contributor address; City; State; Zip Code San Antonio, TX 78265-3240	:)	Amount of Co	ontribution (\$)	\$1,000.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/52 Rpt: 20/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	08/06/2024	410 Diner
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$71.45	8315 Broadway
		San Antonio, TX 78209
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
		Meeting
		incounty
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_		
	Date	Payee name
	08/20/2024	410 Diner
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.48	8315 Broadway
		San Antonio, TX 78209
	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
		Meeting
		Wiccurry
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	12/24/2024	410 Diner
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.83	8315 Broadway
		San Antonio, TX 78209
	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 Meeting
		ivieeting
	Operation ONLY if allower	On all data (Office helder marre
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Git/Jawards/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
TTALE (Control of State Control of C

	Candidate/Officeholder/Politica			∍iit/Awards/Memoriai ∟egal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter a	strict a category not listed a	bove)
	Credit Card Payment		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 2/52 Rpt: 21/71		Hawkins, Ba	rbara (The Ho	norable)					00080284		
4	Date	5 Payee name										
	11/05/2024		410 Diner									
6	Amount (\$)	7	Payee addres	s; City;	State:	Zip Co	de					
ľ	\$70.63	l	8315 Broady		olale,	ip	uc					
	Ψ10.00		0010 Broday	vay								
			Con Antonio	TV 70200								
		⊢	San Antonio									
8	PURPOSE OF			e Categories listed at	the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Food/Bevera	ige Expense				브		de of Texas. Con officeholder livin	nplete Schedule T.	
								Meeting	,,	omoonolaar IIVIII	genpenee	
								J				
9	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/O						J					
_	Date	Π	Payee name									
	08/13/2024	ı	AAA									
_	Amount (\$)	_	Payee addres	s; City;	State:	Zip Co	de					
	\$93.50	l	•	Interstate 10	Olaic,	21p 00	uc					
	Ψ30.30		11010 11031	mersiale 10								
			San Antonio	TV 70220								
	DUDDOOF	_					(I-)					
	PURPOSE OF			e Categories listed at			(a)	Description Check if travel (outei	de of Tevas Con	nplete Schedule T.	
	EXPENDITURE		Expense	on Equipment	And Related	¹		=		officeholder livin		
			_/,poioo					Roadside Ass	sist	ance		
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	08/23/2024		AT T Hotel									
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$258.28		1900 Univers	sity								
			Austin, TX 7	0705								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out o			,		Check if travel			nplete Schedule T.	
	EXPENDITORE									officeholder livin	g expense	
								Austin Meetin	ıg			
_	Operation ONE V. C. P	L_	2	-11-1		N(f)	aula t			O	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	enolder name	C	Office sou	gnt			Office h	eid	
	,											

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: 3/52 Rpt: 22/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	12/05/2024	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.48	P.O. Box 10084
		San Antonio, TX 78200
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 Phones
		T Hones
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/05/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$114.67	P.O. Box 10084
		San Antonio, TX 78200
	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
		Phones
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/20/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.52	P.O. Box 10084
		San Antonio, TX 78200
	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 Telephone
		ι ειεμποπε
_	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 Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/52 Rpt: 23/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	09/24/2024	Ace Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.00	711 Navaroo
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	11/29/2024	Ace Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.50	711 Navaroo
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Parking fee
		Faiking ice
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/05/2024	Amazon Marketplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.36	410 Terry
		Washington, DC 98109
	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
		Misc supplies
	Complete ONLY if alice of	Candidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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 Expe Legal Services	Office Ov Polling Ex nse Printing Ex Salaries/	expense Wages/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense		
1 Tate	Jungana Calandula F1.	a FUEDNAM				1_	Files ID	(Ethica Commission Filora)	
	h: 5/52 Rpt: 24/71		⊨ Barbara (The Honora	ble)		3	Filer ID 00080284	(Ethics Commission Filers)	
4 Date		5 Payee name							
11/0	05/2024	1	arketplace						
6 Amo	sunt (\$) \$254.65	410 Terry	Payee address; City; State; Zip Code 410 Terry Washington, DC 98109						
	PURPOSE OF PENDITURE		(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. Check if Austin, TX, officeholder living expense Supplies						
	nplete <u>ONLY</u> if direct enditure to benefit C/OI		ficeholder name	Office sou	ught		Office he	ld	
Date	e	Payee name	e						
11/0	06/2024	Amazon M	· · · · · · · · · · · · · · · · · · ·						
Amo	Amount (\$) Payee address; City; State; Zip Code								
	\$940.41 410 Terry								
			n, DC 98109		1				
	PURPOSE OF PENDITURE		See Categories listed at the top rhead/Rental Expens		. —		de of Texas. Comp		
	nplete <u>ONLY</u> if direct enditure to benefit C/OI		ficeholder name	Office sou	ught		Office he	ld	
Date 11/:	e 18/2024	Payee name Amazon M							
Amo	sunt (\$) \$59.29	Payee addr		State; Zip Co	ode				
			n, DC 98109		T				
	PURPOSE OF PENDITURE	l '	See Categories listed at the top rhead/Rental Expens	•			de of Texas. Comp		
	nplete <u>ONLY</u> if direct enditure to benefit C/OI		ficeholder name	Office sou	ught		Office he	ld	

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 Salaries (Contract Labor

t 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: 6/52 Rpt: 25/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	11/18/2024	Amazon Marketplace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.58	410 Terry
		Washington, DC 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Supplies
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/19/2024	Amazon Marketplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.12	410 Terry
		Washington, DC 98109
	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 Supplies
		Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Description
	Date 11/19/2024	Payee name Amazon Marketplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	410 Terry
		Washington, DC 98109
	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
		Supplies and equip
	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: 7/52 Rpt: 26/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	07/02/2024	Apple Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.81	15900 LaCantera
		San Antonio, TX 78256
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 Technology
		realifology
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dougo nama
	07/26/2024	Payee name
		Apple Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	15900 LaCantera
		San Antonio, TX 78256
	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 Technology
		reclinology
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date	Payee name
	09/03/2024	Apple Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.81	15900 LaCantera
		San Antonio, TX 78256
	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 Monthly fees
		Wioriumy ices
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

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

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

	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: 8/52 Rpt: 27/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	08/02/2024	Apple Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.81	15900 LaCantera
		San Antonio, TX 78256
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
		Monthly charges
		montally ontal goo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/OI	
	Date	Payee name
	08/27/2024	Apple Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	15900 LaCantera
		San Antonio, TX 78256
	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
		Connectivity
		Connectivity
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/27/2024	Apple Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	15900 LaCantera
		San Antonio, TX 78256
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		Connectivity
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

	Candidate/Officenoider/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: 9/52 Rpt: 28/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	10/02/2024	Apple Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.81	15900 LaCantera
		San Antonio, TX 78256
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
		Technology
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/04/2024	Apple Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.81	15900 LaCantera
		San Antonio, TX 78256
	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 Tech fees
		166111663
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	12/26/2024	Apple Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	15900 LaCantera
		San Antonio, TX 78256
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Technology
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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	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: 10/52 Rpt: 29/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	10/28/2024	Apple Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	15900 LaCantera
		San Antonio, TX 78256
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 Connectivity
		Connectivity
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	
	10/28/2024	Payee name
		Apple Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.75	15900 LaCantera
		San Antonio, TX 78256
	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 Technology
		reciliology
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊢	Dete	
	Date 11/04/2024	Payee name
		Apple Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.81	15900 LaCantera
		San Antonio, TX 78256
	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 Technology
		reclinology
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊢		
l		

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

sement Solicitation/Fundraising Expense

(pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

abor OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
	Sch: 11/52 Rpt: 30/71	Hawkins, Barbara (The Honorable) 00080284	
4	Date	5 Payee name	
	11/26/2024	Apple Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.99	15900 LaCantera	
		San Antonio, TX 78256	
8	PURPOSE		
ľ	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	
		Connectivity	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash	Date	Davisa nama	
		Payee name	
	10/09/2024	Ariel Terrell	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$49.84	3503 NE Parkway	
		San Antonio, TX 78218	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense	
		Supplies	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/09/2024	Bellago	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$71.00	3600 S. Las Vegas Blvd.	
		Las Vegas, NV 89109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Hotel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OH		

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/52 Rpt: 31/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	10/10/2024	Best Buy
6	Amount (\$) \$1,374.70	7 Payee address; City; State; Zip Code 125 NW Loop 410 San Antonio, TX 78216
8	PURPOSE	
J	OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Office computers for staff
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	09/04/2024	Bexar County Young Democrats
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 1844 Fredericksburg Rd San Antonio, TX 78201
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation to DC trip
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/23/2024	Biden Victory Fund
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 9663
		Washington , DC 20077
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to campaign
	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 Candidate/Officeholder/Political Committee

Fees Office Overhead,
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/

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 c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/52 Rpt: 32/71	Hawkins, Barbara (The Honorable)		00080284
4	Date	5 Payee name		•
	10/03/2024	Big's Gas Station		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$47.10	24457 Boerne Stage Rd.		
		San Antonio, TX 78255		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Gas		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				District travel
			<u> </u>	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	07/09/2024	Big's Gas Station		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$39.04	24457 Boerne Stage Rd.		
		San Antonio, TX 78255		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Gas		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				In and out of District travel
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI		ugnt	Office field
	D :			
	Date	Payee name		
	08/20/2024	Big's Gas Station		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$37.95	24457 Boerne Stage Rd.		
		San Antonio, TX 78255		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
	-			Check if Austin, TX, officeholder living expense Gas
				- Cuo
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI		uynt	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 14/52 Rpt: 33/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	09/24/2024	Big's Gas Station
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.90	24457 Boerne Stage Rd.
		San Antonio, TX 78255
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas
		- Cut
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_		
	Date	Payee name
	10/01/2024	Big's Gas Station
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.55	24457 Boerne Stage Rd.
		San Antonio, TX 78255
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas
		543
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	10/11/2024	Big's Gas Station
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.15	24457 Boerne Stage Rd.
		San Antonio, TX 78255
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas
		Gas
	Operation ONLY if all part	On all data (Office helder marre
	Complete <u>ONLY</u> 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 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/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fil	lers)
	Sch: 15/52 Rpt: 34/71	Hawkins, Barbara (The Honorable) 00080284	
4	Date	5 Payee name	
	12/09/2024	Big's Gas Station	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$38.50	24457 Boerne Stage Rd.	
		San Antonio, TX 78255	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Gas	
		Gas	
_	Operation ONE VIII II	Overdidate/Office helder name	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	12/17/2024	Big's Gas Station	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.00	24457 Boerne Stage Rd.	
		San Antonio, TX 78255	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Gas	
		Gas	
	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	•		
	Date	Payee name	
	12/24/2024	Big's Gas Station	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.75	24457 Boerne Stage Rd.	
		San Antonio, TX 78255	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Gas	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	expenditure to beliefft C/OI	91	

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/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: 16/52 Rpt: 35/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	09/03/2024	Black Rock Coffee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.76	13980 Nacogdoches Rd.
		SAN ANTONIO, TX 78217
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 Meeting
		Wiccurig
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	10/02/2024	Castella, Cecilia
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 20956 Somerset Rd
		Somerset, TX 78069
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Donation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	11/25/2024	Cheddar
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.09	123 S W Military
		San Antonio, TX 78220
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Meeting food
_	Operation ONE VIII II	Ora didata (Office hadden granne
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

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 Lenal Services 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/52 Rpt: 36/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	10/18/2024	Chevon Gas Station
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.45	5002 Eisenhauer Rd
		San Antonio, TX 78218
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas
		Gus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_		
	Date	Payee name
	08/29/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.75	4646 Rittiman Rd
		San Antonio, TX 78218
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas
		Sus
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
L		
	Date	Payee name
	11/08/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.96	4646 Rittiman Rd
		San Antonio, TX 78218
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	L/II LIIDITOTE	Check if Austin, TX, officeholder living expense
		Gas
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

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	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: 18/52 Rpt: 37/71	Hawkins, Barbara (The Honorable) 00080284
4 Date	5 Payee name
10/28/2024	Clear at Airport
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$199.00	9800 Airport Blvd
	San Antonio, TX 78216
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 Fees
	1 663
O Complete CNU V M alling 1	Condidate/Office helder no rec
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/16/2024	Color Mix
Amount (\$)	Payee address; City; State; Zip Code
\$1,054.87	808 EL Camino Way
	San Marcus, TX 78666
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
	Rugs, Posters etc.
	i Augus, i associa atto
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
<u> </u>	T _
Date	Payee name
11/19/2024	Color Mix
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	808 EL Camino Way
	San Marcus, TX 78666
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
	Office printed materials and swag
Complete ONLY Station	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

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

	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: 19/52 Rpt: 38/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	10/04/2024	Desk Galore
6	Amount (\$) \$1,913.91	7 Payee address; City; State; Zip Code 8111 Meadow Leaf
		San Antonio, TX 78227
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Desk Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Furniture
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/14/2024	Diamond Shamrock
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.44	Harry Wurzbach
		San Antonio, TX 78218
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gas
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/05/2024	Dickerson, Amari (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$795.00	467 Edna Ave
	7.00.00	16. <u>–</u> 6.1.4. 116
		San Antonio, TX 78220
	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
		Contract Labor
		Contract Edisor
	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
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	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: 20/52 Rpt: 39/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	12/24/2024	Dickerson, Amari (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$720.00	467 Edna Ave
		San Antonio, TX 78220
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
		Staff Costs
_	Occupated ONLY if alice at	Our did to 10 ff as had done as many
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	·	
	Date	Payee name
	09/10/2024	Dollar Tree
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.17	2145 E. Houston
		San Antonio, TX 78202
	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
		Supplies
		Сарриса
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
—	Date	Payee name
	07/18/2024	Don Pedro
_	Amount (\$)	Payee address; City; State; Zip Code
	\$25.48	1526 SW Military
	Ψ25.40	1320 3VV Willitary
		CAN ANTONIO TV 70221
		SAN ANTONIO, TX 78221
	PURPOSE OF	(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.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting
	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 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	d 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: 21/52 Rpt: 40/71	Hawkins, Barbara (The Honorable) 00080284	
4	Date	5 Payee name	
	10/29/2024	Enterprise Rental Car	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$257.55	23811 Telegraph Rd	
		Southfield, MI 48033	
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	
		Renta Car	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	CAPCHUILLIE TO DEFICIT C/OI		
	Date	Payee name	
	10/01/2024	Event	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$125.00	123 Center	
		San Antonio, TX 78202	
	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 Community	
		Continuity	
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
_			_
	Date	Payee name	
	11/18/2024	Express News	
	Amount (\$)	Payee address; City; State; Zip Code	ĺ
	\$5.29	420 Broadway	
		San Antonio, TX 78205	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Information Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Newspaper access	
	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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 22/52 Rpt: 41/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	11/27/2024	Exxon Mobil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.54	2041 N I-H 35 Frontage Rd
		San Marcus, TX 78666
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas
		Sus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	07/02/2024	Formosa Garden
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.11	1011 NE Interstate 410
		San Antonio, TX 78209
	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
		Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/04/2024	Fundraiser
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.97	123 SW
		San Antonio, TX 78239
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Reception food
	2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica			Citt/Awards/Memorials Legal Services		Calaries/Wa		e /Contract Labor		OTHER (enter a	strict category not listed abov	e)
	Credit Card Payment			The Instruction G	uide explains ho	w to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 23/52 Rpt: 42/71		Hawkins, Ba	arbara (The Ho	norable)					00080284		
4	Date	5	Payee name					•	_			
	07/17/2024		GeoTint Sar	n Antonio								
6	Amount (\$)	7	Payee addres	ss; City;	State; 2	Zip Cod	de					
	\$1,575.00		1137 Donald	dson								
			San Antonio	. TX 78228								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	اس		e Categories listed at nead/Rental Ex		ıle)	(2)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		011100 01011	ioda/i toritai Ex	porioc			Check if Austin,	, TX,	officeholder living	g expense	
								Office windov	v pi	rotection		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Offi	ice soug	ght			Office he	eld	
	experioration benefit C/O	1										
	Date		Payee name									
	12/23/2024		Gil's Custom	n Upholstery								
	Amount (\$)		Payee addres	ss; City;	State; 2	Zip Cod	de					
	\$150.00		3406 E. Cor	nmerce								
			San Antonio	, TX 78220								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this schedu	ıle)	(b)	Description				
	OF EXPENDITURE			nead/Rental Ex		,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	LAI LINDITORE							ш		officeholder living	g expense	
								Repair of Cha	ans	•		
	Complete ONLY if direct	<u> </u>	Candidate/Offic	oholder name	Offi	ice soug	ıht.			Office he	ald	
	Complete ONLY if direct expenditure to benefit C/OI		zanuluale/Onic	centituer manne	Oili	ice soug	JIIL			Office fi	eiu	
_	D :	1										
	Date		Payee name									
	09/11/2024		HEB									
	Amount (\$)		Payee addres		State; 2	Zip Cod	de					
	\$458.23		1520 Austin	HVVY								
			San Antonio	o, TX 78218								
	PURPOSE OF	(a)		e Categories listed at		ule)	(b)	Description				
	EXPENDITURE		Office Overh	nead/Rental Ex	pense					de of Texas. Com , officeholder living	plete Schedule T.	
								Office Snacks			g expense	
										.,		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offi	ice soug	ght			Office he	eld	
	expenditure to benefit C/OI											
I												

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

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 24/52 Rpt: 43/71	Hawkins, Barbara (The Honorable)		00080284
4	Date	5 Payee name		-
	08/07/2024	Harry Wurzbach Diamond		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$48.45	2446 Harry Wurzbach		
		SAN ANTONIO, TX 78209		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Gas
_			<u> </u>	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ught	Office held
	Date	Payee name		
	11/12/2024	J Alexander S		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$291.53	255 E. Basse Rd. #1300		
		San Antonio, TX 78209		
	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
				Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
	expenditure to benefit C/O		agrit	Office field
	Data	D		
	Date 11/08/2024	Payee name Josey Garcia		
		-	1 -	
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$750.00	702 Richland Dr.		
		San Antonio, TX 78245		
	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/Oniceriolder/Political Committee		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/O		J	
_				

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
-	Sch: 25/52 Rpt: 44/71	Hawkins, Barbara (The Honorable)
4	Date	
4	10/17/2024	5 Payee name Kim Tran Restaurant
Ļ		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.45	Rittiman
		San Antonio, TX 78218
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 Iunch meeting
		idion meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	10/13/2024	Lilly of the Valley Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	134 Cardiff Ave
		San Antonio, TX 78220
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	2/11 2/13/17 C/12	Candidate/Officeholder/Political Committee Candidate/Officeholder living expense
		Community event donation
	Commiste ONLY if divest	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/20/2024	Loews Arlington Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.68	888 Arlington Parkway
		Arlington, TX 76011
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Hotel costs
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPETIGITUTE TO DETICITE C/OF	'

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: 26/52 Rpt: 45/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	08/26/2024	Lowe's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,319.10	18303 Rim Dr.
		San Antonio, TX 78257
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
		Equipment, epairs, cleaning supplies
		Equipment, opano, ordaning supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/21/2024	Maverick Restrurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$128.56	710 S St. Mary's
		San Antonio, TX 78203
	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 Meeting
		incounty
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/24/2024	Mt Zion Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$153.00	333 MLK
		San Antonio, TX 78202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Event
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
1		
I		

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/Award/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Political Committee			egal Services	s Expense	Salaries/W		e /Contract Labor	strict i category not listed abo	ve)			
	Credit Card Payment		•	The Instruction G	uide explains l	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 27/52 Rpt: 46/71	H	Hawkins, Ba	rbara (The Hoi	norable)					00080284		
4	Date	5 F	Payee name									
	10/21/2024		National Bla	ck Caucus								
6	Amount (\$)	_	Payee addres		State.	Zip Co	de					
ľ	\$875.00	l	1225 1 St., N	•	oldic,	Zip 00	uc					
	φοτο.σσ	-	1220 1 00, 1									
		Ι,	Maabinatan	DC 2000F								
		_	Washington									
8	PURPOSE OF			Categories listed at t		edule)	(b)	Description				
	EXPENDITURE			s/Donations Ma fficeholder/Pol		ittoo		=		officeholder living	nplete Schedule T.	
		\ `	Cariuluale/O	ilicerioldei/Foi	ilicai Comin	illee		Fees	,,	omoonoladi nviii	g expense	
9	Complete ONLY if direct	L Ca	andidate/Offic	eholder name	C	Office sou	aht			Office h	eld	
	expenditure to benefit C/OI	Н					•					
_	Date		Payee name									
	09/30/2024	l	•	lition of Black	Woment							
_	Amount (\$)		Payee addres	s; City;	State:	Zip Co	de					
	\$200.00	l	123	o, ony,	oldic,	Zip 00	uc					
	Ψ200.00	-	123									
		Ι,	Can Antonia	TV 70210								
		<u> </u>	San Antonio									
	PURPOSE OF			Categories listed at t	the top of this sche	edule)	(b)	Description	outoi	do of Toyon Com	nplete Schedule T.	
	EXPENDITURE		Fees					=		officeholder living		
								Membership				
	Complete ONLY if direct		andidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date	F	Payee name									
	08/09/2024	1	NetFlix									
	Amount (\$)	F	Payee addres	s; City;	State;	Zip Co	de					
	\$16.77]	121 Albright	Way		·						
				•								
		lι	Los Gatos, C	CA 95030								
	PURPOSE			e Categories listed at t	the ten of this '	adula)	(h)	Description				
	OF	1	Entertainme		ine top of this sch	eauie)	(2)		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder living	g expense	
								Entertainmen	t			
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
L	experioliture to benefit C/OI											

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	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: 28/52 Rpt: 47/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	09/09/2024	NetFlix
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.77	121 Albright Way
		Los Gatos, CA 95030
8	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 History Movie
		Thistory Movie
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	
	Date	Payee name
	10/08/2024	NetFlix
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.77	121 Albright Way
		Los Gatos, CA 95030
	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 Connectivity
		Connectivity
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
⊨	D :	
	Date	Payee name
	07/08/2024	Papa Nachos Cantina
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.14	I-10 West
		San Antonio, TX 78257
	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
		Meeting
\vdash	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 Com 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	
1	Total pages Schedule F1:	
1	Sch: 29/52 Rpt: 48/71	Hawkins, Barbara (The Honorable) 13 Filer ID (Eurics Commission Filers) 00080284
4	Date	5 Payee name
	08/09/2024	Papa Nachos Cantina
6	Amount (\$) \$76.65	7 Payee address; City; State; Zip Code I-10 West
	Ψ10.03	I-10 West
		San Antonio, TX 78257
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
		Meeting
L		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/01/2024	Pappadeaux
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.35	15715 I-H 10
	400.00	
		San Antonio, TX 78257
	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
		Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/26/2024	Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.64	823 Congress
		Austin, TX 78701
	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
		Parking fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica			g Exper es/Wage	es/Contract Labor		OTHER (enter a	category not listed above)	
	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 F	ilers)
	Sch: 30/52 Rpt: 49/71		Hawkins, Barbara (The Honorable)				00080284		
4	Date	5	Payee name						
	12/12/2024		Pedraza, Jane (Ms.)						
6	Amount (\$)	7	Payee address; City; State; Zip	Code					
	\$5,000.00		215 Center #1404						
			San Antonio, TX 78202						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description				
	OF EXPENDITURE	<u> `</u>	Staff Costs	` '	Check if travel outs	sic	le of Texas. Com	olete Schedule T.	
	EXPENDITURE				Check if Austin, TX	Χ,	officeholder living	expense	
					Living Alliance				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office s	ought	t		Office he	eld	
	experiantare to benefit of or								
	Date		Payee name						
	11/07/2024		Pinnacle Sign Team						
	Amount (\$)		Payee address; City; State; Zip	Code					
	\$1,800.00		401 Isom						
			San Antonio, TX 78216						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outs				
	_/				Check if Austin, T		officeholder living	expense	
					Facility Signage	U			
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office s	ought	<u> </u>		Office he	J.d.	
	expenditure to benefit C/O		Candidate/Officeriolder flame Office s	ougni	L		Office fie	eiu .	
	Date		Payee name						
	08/22/2024		Potbelly						
	Amount (\$)		Payee address; City; State; Zip	Code					
	\$27.17		205 W Randolph St.						
			Chicago, IL 60606						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description				
	EXPENDITURE		Food/Beverage Expense		Check if travel out:				
					Meeting	.,	omoonoidoi nviing	S. Period	
					-				
	Complete ONLY if direct		Candidate/Officeholder name Office s	ought	t		Office he	eld	
	expenditure to benefit C/O			ŭ					

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 Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 31/52 Rpt: 50/71	Hawkins, Barbara (The Honorable)
4	Date	5 Payee name
	08/09/2024	Psi Alpha Scholarship
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,250.00	1135 Virgina Blvd
		San Antonio, TX 78203
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Constant and
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	08/12/2024	Redlands Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$173.53	17422 Fiesta TX Dr
		San Antonio, TX 78256
	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 Meeting
		Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/15/2024	Redlands Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.73	17422 Fiesta TX Dr
		San Antonio, TX 78256
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Meeting lunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to betterit 6/01	<u> </u>

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: 32/52 Rpt: 51/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	11/12/2024	Redlands Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$162.04	17422 Fiesta TX Dr
		San Antonio, TX 78256
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 Meeting
		Wiccurig
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	08/08/2024	Rotary Club
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$650.00	110 Broadway St. #220
	Ψ030.00	110 Bloddwdy 3t. #220
		San Antonio, TX 78205
	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 Annual fees
		7 undances
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/23/2024	Rudy's
H	Amount (\$)	Payee address; City; State; Zip Code
	\$50.11	Boerne Stage Rd
		San Antonio, TX 78255
	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 Meeting
		Meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

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 Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/52 Rpt: 52/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	09/03/2024	Shell Oil Station
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.05	934 N. IH-35
		San Marcus, TX 78666
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/30/2024	Silo Restrurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$185.11	22211 I-10 West
		San Antonio, TX 78257
	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
		Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Davida nama
	12/16/2024	Payee name Silo Restrurant
	Amount (\$)	
	\$300.00	Payee address; City; State; Zip Code 22211 I-10 West
	Ψ300.00	22211 I-10 WC3t
		San Antonio, TX 78257
	DUDDOCE	<u> </u>
	PURPOSE OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	CAPETICITUTE TO DETICITE C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/52 Rpt: 53/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	07/30/2024	South West Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$603.95	9800 Airport Blvd
		San Antonio, TX 78216
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
		DNC Convention
		ENG Convention
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	09/09/2024	South West Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	9800 Airport Blvd
		San Antonio, TX 78216
	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
		Ticket Upgrade
		Honer Opgrado
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/20/2024	South West Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.00	9800 Airport Blvd
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Airport Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Cart
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/61	<u> </u>

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 manage Calculula E4.	O FILED MANE		
1	Total pages Schedule F1: Sch: 35/52 Rpt: 54/71	2 FILER NAME Hawkins, Barbara (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080284		
4	Date	5 Payee name		
•	12/20/2024	South West Airlines		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$25.15	9800 Airport Blvd		
		San Antonio, TX 78216		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Food/Beverage Expense		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		Airport Travel		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
_				
	Date	Payee name		
	10/25/2024	Spence, Deborah		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,500.00	714 Station St		
	, ,			
		San Antonio, TX 78220		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.		
	LXI LINDITORL	Check if Austin, TX, officeholder living expense		
		Poll Watcher		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
_				
	Date	Payee name		
	10/30/2024	Springhill Suites		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$537.66	28555 NW HWY		
		Southfied, MI 48034		
	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.		
	EXPENDITORE	Check if Austin, TX, officeholder living expense		
		Hotel costs		
	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 -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

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	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 36/52 Rpt: 55/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	08/06/2024	Taqueria EL Vallarta 2
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.20	1430 E Cesar Chavez Blvd
		SAN ANTONIO, TX 78210
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
		Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/21/2024	Terrell, Ariel
	Amount (\$)	Payee address; City; State; Zip Code
	\$146.56	3503 NE Parkway
		San Antonio, TX 78218
	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
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/18/2024	Texas Baptist Women in Ministry
	Amount (\$)	Payee address; City; State; Zip Code
	\$520.87	PO Box 6961
		AL II
		Abilene, TX 79608
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T.
	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
		Donation to community event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit G/OI	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 37/52 Rpt: 56/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	09/23/2024	Texas Roadhouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.40	23102 W I-10
		San Antonio, TX 78257
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 Meeting
		Wiccurig
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/26/2024	Texas Roadhouse
H	Amount (\$)	Payee address; City; State; Zip Code
	\$101.89	23102 W I-10
		San Antonio, TX 78257
	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 Meeting
		incoming in the second
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/09/2024	The Allegro Royal Sone
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$2,996.08	171 W. Randolph
		Chicago, IL 60601
	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 Hotel for DNC Convention
		Hotel to Dive Convention
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
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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/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: 38/52 Rpt: 57/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	11/25/2024	Total Home Improvments
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9,981.00	1507 Kennedy
		San Antonio
		Texas, TX 78235
8	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 Repairs and upgrades
		Repairs and upgrades
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/29/2024	Tx Tag
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.91	2420 Ridgepoint Dr.
		Austin, TX 78754
	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 Toll Road
		1011 reduction
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/15/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.08	1515 3rd St.
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Traveling to community meetings/events
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
H		

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 39/52 Rpt: 58/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	07/16/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.36	1515 3rd St.
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Travel to meetings/events
_	Operation ONLY if dispose	Outside to Office health
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	07/23/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.05	1515 3rd St.
		San Francisco, CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel to meetings/events
		, and the second se
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/02/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.94	1515 3rd St.
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transport to event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	•

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

	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: 40/52 Rpt: 59/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	08/12/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.51	1515 3rd St.
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Transport to events
_	Operation ONLY if allowed	On didn't Office helder game Office and the
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/19/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.31	1515 3rd St.
		San Francisco, CA 94158
	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 Transport to events DNC
		Transport to events DNC
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	_	
	Date	Payee name
	08/20/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.73	1515 3rd St.
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	ZA ZADITORZ	Expense Check if Austin, TX, officeholder living expense
		Transport to event
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

	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: 41/52 Rpt: 60/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	08/20/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$84.40	1515 3rd St.
		San Francisco, CA 94158
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 DNC-Convention
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/21/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.30	1515 3rd St.
	, , , , , , , , , , , , , , , , , , , ,	
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transport to events
	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Data	
	Date 08/22/2024	Payee name Uber
	Amount (\$) \$17.87	Payee address; City; State; Zip Code 1515 3rd St.
	10.11¢	1515 Siu Si.
		San Francisco, CA 94158
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transport to events
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/OI	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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)	
l	Sch: 42/52 Rpt: 61/71	Hawkins, Barbara (The Honorable) 00080284	
4	Date	5 Payee name	_
l	08/23/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$8.92	1515 3rd St.	
l			
l		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
ľ	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Transport to event	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L		•	_
l	Date	Payee name	
	09/20/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$32.97	1515 3rd St.	
l			
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense Transport to events	
		Transport to events	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
l	expenditure to benefit C/OI		
H	Date	Payee name	-
l	10/09/2024	Uber	
⊢	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$25.48	1515 3rd St.	
l	420.10	-5-5 5.4 G.	
		San Francisco, CA 94158	
	PURPOSE		_
l	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Driver	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experiulture to beliefft C/Of	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 43/52 Rpt: 62/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	10/09/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.76	1515 3rd St.
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Driver
		Dilvei
Ļ	Operation ONE V if alice of	Occasional Office health and a second of the
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	12/16/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.29	1515 3rd St.
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Driver
		Dilvei
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		
	Date	Payee name
	12/16/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.50	1515 3rd St.
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Driver
$ldsymbol{f eta}$		
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	portantare to borront 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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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: 44/52 Rpt: 63/71	Hawkins, Barbara (The Honorable) 00080284	
4	Date	5 Payee name	_
	10/28/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$8.46	1515 3rd St.	
		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Driver	
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┕	<u>'</u>		_
	Date	Payee name	
	10/28/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$51.68	1515 3rd St.	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Driver	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	the state of the s	
H	Date	Payee name	=
l	10/29/2024	Uber	
⊢	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$50.95	1515 3rd St.	
l	Ψ30.33	1515 514 51.	
l		San Francisco, CA 94158	
L	DUDDOOF		_
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Driver	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	<u> </u>	

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete th	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 45/52 Rpt: 64/71	Hawkins, Barbara (The Honorable)	00080284
4	Date	5 Payee name	I
	10/30/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
۱	\$11.85	1515 3rd St.	
	,		
		San Francisco, CA 94158	
Ļ	DUDDOOF		
8	PURPOSE OF		SCRIPTION Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Haver in District	Check if Austin, TX, officeholder living expense
		Dri	iver
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
F	Date	Payee name	
	11/18/2024	Uber	
Н	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.97	1515 3rd St.	
	-		
		San Francisco, CA 94158	
L	DUDDOCE		
	PURPOSE OF		SCRIPTION Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Haver in District	Check if Austin, TX, officeholder living expense
		1	iver
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
Т	Date	Payee name	
	11/20/2024	Uber	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.31	1515 3rd St.	
	÷ .2.31		
		San Francisco, CA 94158	
	DUDDOCE		
	PURPOSE OF		SCRIPTION Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Haver in District	Check if Austin, TX, officeholder living expense
		Dri	iver
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
l			

SCHEDULE F1

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

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	al Committee Legal Services Salaries/Wages/Contract The Instruction Guide explains how to complete this	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 46/52 Rpt: 65/71	Hawkins, Barbara (The Honorable)	00080284
4	Date	5 Payee name	
	11/22/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$13.85	1515 3rd St.	
		San Francisco, CA 94158	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	EXPENDITURE	I Haver III District	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
		Drive	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
⊨			
l	Date	Payee name	
	11/22/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.43	1515 3rd St.	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription
	OF EXPENDITURE		eck if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		eck if Austin, TX, officeholder living expense
		Drive	er
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/09/2024	Visual Net Design	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$243.56	8534 Village Dr, Suite A	
		San Antonio, TX 78217	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription
	OF EXPENDITURE	Office Overficad/Nertial Expense	eck if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	,	eck if Austin, TX, officeholder living expense
		recn	nology
\vdash	Complete ONE V if direct	Condidate Office holder name	Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
ı			

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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)	_
l	Sch: 47/52 Rpt: 66/71	Hawkins, Barbara (The Honorable) 00080284	
4	Date	5 Payee name	_
l	07/09/2024	Visual Net Design	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
l	\$32.44	8534 Village Dr, Suite A	
l			
l		San Antonio, TX 78217	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
l	OF EXPENDITURE	Office Overhead/Rental Expense	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Technology	
Ļ	0 1 0 0 1 1 1 1		_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┕	·		_
l	Date	Payee name	
L	10/09/2024	Visual Net Design	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$243.56	8534 Village Dr, Suite A	
		San Antonio, TX 78217	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Technology	
		, compage	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
F	Date	Payee name	=
	10/10/2024	Visual Net Design	
⊢	Amount (\$)	Payee address; City; State; Zip Code	-
l	\$32.44	8534 Village Dr, Suite A	
l			
		San Antonio, TX 78217	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF	Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Technology	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experience to beliefit 6/01	·	_

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 D Travel Out ontract Labor OTHER (e

	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: 48/52 Rpt: 67/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	10/10/2024	WM Super Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$234.60	1430 Austin Hwy
		San Antonio, TX 78209
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Table cloths and supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	10/10/2024	Wal-mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.80	8500 Jones Maltsberger
		San Antonio, TX 78216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office event Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Snacks
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/07/2024	Wash Tub
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,023.95	24103 I-H 10
	·	
		San Antonio, TX 78257
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Office Furniture
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leal 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: 49/52 Rpt: 68/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	11/15/2024	Wendy's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.32	12158
		San Antonio, TX 78257
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 Meeting
		Wiccurig
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	09/18/2024	Wingstop
H	Amount (\$)	Payee address; City; State; Zip Code
	\$15.79	1437 Austin Hwy
	,	
		San Antonio, TX 78218
	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
		Lunch meeting
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/02/2024	Wynn, Katherine (Mrs.)
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	8209 Victory Cove
		San Antonio, TX 78254
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Aide Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contract Labor
		Contract East
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	iplete t	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 50/52 Rpt: 69/71	Hawkins, Barbara (The Honorable)			00080284	
4	Date	5 Payee name				
	11/01/2024	Wynn, Katherine (Mrs.)				
6	Amount (\$)	7 Payee address; City; State; Zip Code	le			
	\$1,500.00	8209 Victory Cove				
		San Antonio, TX 78254				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	(b) De	escription		
	OF EXPENDITURE	Office Overhead/Rental Expense	\Box	Check if travel outsid Check if Austin, TX, (
			Co	ontractor	omeenoider nving	у схренас
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	07/25/2024	Zoom				
	Amount (\$)	Payee address; City; State; Zip Code	le			
	\$69.29	420 E. Carrillo St.				
		Santa Barber, CA 93101				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	(b) De	escription		
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outsid Check if Austin, TX,		
			L Zo	check in Addition, TA, of the com/meeting		у ехрепзе
				3		
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	08/26/2024	Zoom				
	Amount (\$)	Payee address; City; State; Zip Code	le			
	\$69.29	420 E. Carrillo St.				
		Santa Barber, CA 93101				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	(b) De	escription		
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outsid		•
			Co	onnectiviy	onicenoider living	g expense
				- ·····,		
Н	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/OI	'				
ı						

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 51/52 Rpt: 70/71	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
L	09/25/2024	Zoom
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$69.29	420 E. Carrillo St.
		Santa Barber, CA 93101
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Connectivity
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	oxperialitate to beliefit 6/01	•
	Date	Payee name
	12/26/2024	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.29	420 E. Carrillo St.
		Santa Barber, CA 93101
	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 Technology-Zoom
		Technology-20011
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	•
	Date	Davisa nama
	Date 11/08/2024	Payee name
		Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.29	420 E. Carrillo St.
		Santa Barber, CA 93101
	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
		Technology
	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 Credit Card Payment

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	FILER NAME	3	Filer ID	(Ethics Commission Filers)	
	Sch: 52/52 Rpt: 71/71	Hawkins, Barbara (The Honorable)		00080284		
4	Date 11/25/2024	Payee name Zoom				
6	Amount (\$) \$69.29	Payee address; City; State; Zip Code 420 E. Carrillo St. Santa Barber, CA 93101				
8	PURPOSE OF	Ocategory (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	el out	side of Texas. Com	olete Schedule T.	

ı	11/25/2024	200111				
6	Amount (\$)	7 Payee address; City;	State; Zip Co	ode		
	\$69.29	420 E. Carrillo St.				
		Santa Barber, CA 93101				
8	PURPOSE OF	(a) Category (See Categories listed at the Office Overhead/Rental Expe		(b) Description Check if travel outside of Te	xas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Nerital Expe	ilise	Check if Austin, TX, officeho		
				Connectivity		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sou	i ught C	Office held	