FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080005 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Kristen Brauchle NAME Date Received **ELECTRONICALLY FILED** 01/14/2025 NICKNAME LAST **SUFFIX** Hawkins CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 66816 MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77266 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Amber J'Na NAME NICKNAME LAST **SUFFIX** Burton **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 77 Sugar Creek Blvd. **ADDRESS** Ste 600 (Residence or Business) Sugar Land, TX 77479 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 326-7765 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 10/27/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 11 Harris District Judge District 11

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	Hawkins, Kristen Bra	uchle (The Honorable)	14 Filer ID 00080005	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been mad I officeholders are required to report this i	le without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASUREF	R NAME	
		COMMITTEE CAMPAIGN TREASUREF	R ADDRESS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(OT)	HER THAN PLEDGES, LOANS	
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS M		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 17,750.00
EXPENDITURE TOTALS	1	ZED POLITICAL EXPENDITURES	or Loans,	\$ 0.00
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 42,491.61
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 281,315.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING L TING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, und true and correct and i under Title 15, Electio	der penalty of perjury, that the acc includes all information required t on Code.	companying report is o be reported by me
		The H	Honorable Kristen Brauchle Ha	awkins
		Si	gnature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid		day
of	, 20, to co	ertify which, witness my hand and seal of	office.	
Signature of office	cer administering oath	Printed name of officer administerin	ng oath Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			CC	3 of 25
	R NAN ⁄kins,	19 Filer ID 00080005	(Ethics Commission Filers)	
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 17,750.0
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 42,491.6
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$ 265.7

MONET	TARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1
The Instru	ction Guide explains how	1 Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/25		
2 FILER NAME Hawkins, Kr	isten Brauchle (The Honorab	le)		3 Filer ID (Ethics Commission Filers) 00080005
4 Date 11/12/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$1,000.00	
	Houston, TX 77008-3914	ļ		
8 Contributor's	Principal Occupation		9 Contributor's Job Title	
10 Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12 If contributor	is a child, law firm of parent(s) (if	any)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/30/2024 Carrigan, Mark Contributor address; City; State; Zip Code		\$1,000.00		
	Houston, TX 77008-6911	-	T	
	Principal Occupation		Contributor's Job Title	
Attorney			Attorney	
	employer/law firm w Group P.C.		Law firm of contributor's sp	oouse (ii any)
	•	anu)		
ii contributor	is a child, law firm of parent(s) (if	any)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2024	Collum, James			\$500.00
	Contributor address; City; S Houston, TX 77265-6901			
Contributor's	Principal Occupation		Contributor's Job Title	
Attorney			Attorney	
Contributor's employer/law firm Law firm of contributor's sp			oouse (if any)	
Collum Law	Firm P.C.			
If contributor	is a child, law firm of parent(s) (if	any)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/25	
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorab	le)		3	Filer ID (Ethics Commission Filers) 00080005
4			7	Amount of Contribution (\$) \$250.00		
		Sugar Land, TX 77479-2	511			
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e Pratt & Flack	employer/law firm K		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/07/2024	Granger, Weldon Contributor address; City; S	State; Zip Code			\$2,500.00
		Houston, TX 77024-5701	<u> </u>			
	Contributor's Principal Occupation Contributor's Job Title					
	Attorney			Attorney		
		employer/law firm	or	Law firm of contributor's sp	oous	se (if any)
_		er Law Firm Managing Partn s a child, law firm of parent(s) (if				
	ii contributor i	s a criliu, iaw ilirii or parerii(s) (ii	arry)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	11/13/2024	Horowitz, Daniel	_			\$500.00
		Contributor address; City; S Houston, TX 77002-8769	·			
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
Attorney Attorney						
	Contributor's employer/law firm Law firm of contributor's s			oous	se (if any)	
	The Law Off	ice of Daniel D. Horowitz III F	PC			
	If contributor is	s a child, law firm of parent(s) (if	any)	•		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/25	
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorab	le)		3	Filer ID (Ethics Commission Filers) 00080005
4			7	Amount of Contribution (\$) \$2,500.00		
		Houston, TX 77057-5650)			
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Husain Law	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	anv)			
	- II contributor i	s a crima, law iiiiii or parcrit(s) (ii	arry)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	11/08/2024	Kherkher Garcia LLP				\$1,000.00
		Contributor address; City; S Houston, TX 77098-3145				
H	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
Contributor's employer/law firm Law firm of contributor's			Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/08/2024	Manela, Mark				\$500.00
		Contributor address; City; S Houston, TX 77002-1061	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Attorney					
	Contributor's employer/law firm Law firm of contributor's s			Law firm of contributor's sp	oous	se (if any)
	Manela Law					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/25
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorabl	e)		3	Filer ID (Ethics Commission Filers) 00080005
4				7	Amount of Contribution (\$) \$5,000.00	
		Highlands Ranch, CO 80.	126-5733			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e McMillan Lav	employer/law firm w Firm		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if a	any)	I .		
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/30/2024	Ron, Avi Contributor address; City; S			•	\$1,000.00
	Contributorio	Houston, TX 77007-5480		Contributorio Joh Titlo		
	Contributor's Principal Occupation Contributor's Job Title Developer Developer		Developer Developer			
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (if a	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	11/01/2024	Shrader & Associates L.L Contributor address; City; S	tate; Zip Code		•	\$2,000.00
		Houston, TX 77046-0941		T		
	Contributor's I	Principal Occupation		Contributor's Job Title		
Contributor's employer/law firm			Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if a	any)			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 1/17 Rpt: 8/25	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	12/12/2024	2020 Market Scratch Kitchen & Bar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.31	1500 Rivery Blvd #1100
		Georgetown, TX 78628
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meal while teaching at College for New Judges
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/04/2024	Aceves Communications, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,000.00	PO Box 6514
		Houston, TX 77265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		texting
	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/16/2024	Blackburn Photography
	Amount (\$)	Payee address; City; State; Zip Code
	\$509.00	1260 Blalock Rd #110
		Houston, TX 77055
	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 Judicial portrait
		oddiolai portali
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	y

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

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/17 Rpt: 9/25	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	11/06/2024	BlueHost
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.99	10 Corporate Drive
		Burlington, MA 01803-4200
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		website domain hosting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oi	1
	Date	Payee name
	12/06/2024	BlueHost
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.99	10 Corporate Drive
		Burlington, MA 01803-4200
	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
		website domain hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/19/2024	Brennan's Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$506.76	3300 Smith St
		Houston, TX 77006-6607
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if the release to the complete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hoiliday lunch for court staff
	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 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	
1	Total pages Schodula F1:	
1	Total pages Schedule F1: Sch: 3/17 Rpt: 10/25	Hawkins, Kristen Brauchle (The Honorable) Continue of the Honorable of
4	Date	5 Payee name
	11/20/2024	Brennan's Houston
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 3300 Smith St Houston, TX 77006-6607
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Judicial Holiday dinner
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/09/2024	Brooks IT Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$362.48	PO Box 926202
		Houston, TX 77292
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign IT
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/08/2024	Brooks IT Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$362.48	PO Box 926202
		Haveter, TV 77000
		Houston, TX 77292
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign IT
	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 -

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/17 Rpt: 11/25	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	11/27/2024	Campaign Warrior
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,080.00	14237 E. Sam Houston Parkway N
		Houston, TX 77044
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	12/04/2024	Cardona, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	5216 Leeland St.
		Houston, TX 77023
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting Fee
		Consuming Fee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/06/2024	Cardona, James
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	5216 Leeland St.
		Houston, TX 77023
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Consulting Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/17 Rpt: 12/25	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	12/05/2024	Cardona, James
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	5216 Leeland St.
		Houston, TX 77023
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting Fee
		Consulting Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Davida nama
	11/08/2024	Payee name Cardona, James
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	5216 Leeland St.
		Houston, TX 77023
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/29/2024	Cardona, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.00	5216 Leeland St.
		Houston, TX 77023
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Consulting Fee
	Operation ONE VIII II	Open district Office health are seen as the second of the
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

	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: 6/17 Rpt: 13/25	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	11/20/2024	Direct TV
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$115.36	PO Box 105503
		Atlanta, GA 30348-5503
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 Cable subscription
		Cable Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/O	
	Date	Payee name
	12/10/2024	Encantada Cocina+Cantina
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.16	205 W 2nd St
	Ψ30.10	203 W Zhu St
		Georgetown, TX 78626
	DUDDOCE	
	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
		Meal while teaching at College for New Judges
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/03/2024	Firehouse Subs
	Amount (\$)	Payee address; City; State; Zip Code
	\$326.87	3924 Bellaire Blvd
		Houston, TX 77025
	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 Food for St. Agnes Mock Trial
		Food for St. Agries Wock Thai
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - I Committee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	Pol opense Prir	ling Expens			Travel in Distric		
	Credit Card Payment		The Instruction Guid	le explains how	to compl	ete this form.				
1	Total pages Schedule F1: Sch: 7/17 Rpt: 14/25		E Kristen Brauchle (T	he Honorable)		3	Filer ID 00080005	(Ethics Commission	Filers)
4	Date	5 Payee name	•		,		<u> </u>			
-	12/02/2024	Frost Bank								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zi	p Code					
	\$27.50	P.O. Box 1								
		Houston, 7	X 77251-1315							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	top of this schedule) (b)			ide of Texas. Con	nplete Schedule T.	
						Processing for				
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	e sought			Office h	eld	
	Date	Payee nam								
	11/04/2024	Frost Bank	(
	Amount (\$)	Payee addr	ess; City;	State; Zi	p Code					
	\$27.50	P.O. Box 1	.315							
		Houston, 7	X 77251-1315							
	PURPOSE	(a) Category	See Categories listed at the	top of this schedule) (b)	Description				
	OF EXPENDITURE	Fees	Ü	•					nplete Schedule T.	
						Processing for		, officeholder livin	g expense	
						r rocessing it	CCS	'		
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office	e sought			Office h	eld	
	expenditure to benefit C/OI									
	Date	Payee nam			_					
	11/04/2024		OUNTY DEMOCR							
	Amount (\$)	Payee addr		State; Zi	p Code					
	\$10,000.00	4619 Lyon	s Ave							
		Houston, 7	X 77020							
	PURPOSE OF		See Categories listed at the) (b)	Description	o. ito	ide of Toyon Con	poloto Cobodulo T	
	EXPENDITURE		ons/Donations Mad Officeholder/Polition		<u>.</u>	ш		, officeholder livin	nplete Schedule T. g expense	
						Donation				
	Complete ONLY if direct		ficeholder name	Office	e sought			Office h	eld	
	expenditure to benefit C/O	1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment				//Rental Expense Transportation Equipm Travel in District e Travel Out of District //Contract Labor OTHER (enter a categ			quipment & Related Expense
1	Total pages Schedule F1:	•	•	1	3	Filer ID	(Ethics Commission Filers)
_	Sch: 8/17 Rpt: 15/25	Hawkins, Kristen Brauchle (The Honora	ıble)		3	00080005	(Eulios Commission Filers)
4	 Date	5 Payee name					
	11/30/2024	Hermes					
6	Amount (\$)	7 Payee address; City; State;	Zip Code				
	\$45.55	4444 Westheimer Road Suite B1000 Houston, TX 77027					
8	PURPOSE	(a) Category (See Categories listed at the top of this scher	dule) (b)	Description			
	OF	Gift/Awards/Memorials Expense	uuic)		outsi	de of Texas. Comp	olete Schedule T.
	EXPENDITURE	•		ш		officeholder living	expense
				Gifts for outgo	oin	g judges	
9	Complete ONLY if direct expenditure to benefit C/Oh		ffice sought			Office he	ld
	Date	Payee name					
	12/05/2024	Hispanic Bar Association of Houston					
	Amount (\$)	Payee address; City; State;	Zip Code				
\$1,000.00 PO Box 3611							
		Houston, TX 77253-3611					
	PURPOSE	(a) Category (See Categories listed at the top of this sche	dule) (b)	Description			
	OF EXPENDITURE	Contributions/Donations Made By		Check if travel of	outsi	de of Texas. Comp	olete Schedule T.
	EXI ENDITORE	Candidate/Officeholder/Political Commi	ttee	—	TX,	officeholder living	expense
				Donation			
	Complete ONLY if direct expenditure to benefit C/O		ffice sought			Office he	lld
	Date	Payee name					
	12/02/2024	Houston Chronicle					
	Amount (\$)	Payee address; City; State;	Zip Code				
	\$97.95	4747 Southwest Fwy					
		•					
		Houston, TX 77027					
	PURPOSE	(a) Category (See Categories listed at the top of this scher	(h)	Description			
	OF	Office Overhead/Rental Expense	dule)		outsi	de of Texas. Comp	olete Schedule T.
	EXPENDITURE	Office Overficad/Nertial Experise		Check if Austin,	TX,	officeholder living	expense
				Subscription			
	Complete ONLY if direct		ffice sought			Office he	ıld
	expenditure to benefit C/OF	1					

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/17 Rpt: 16/25	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	11/04/2024	Houston Chronicle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$97.95	4747 Southwest Fwy
		Houston, TX 77027
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription
		Gusson puon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
_	Date	Payee name
	12/30/2024	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$91.00	4747 Southwest Fwy
		Houston, TX 77027
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	11/12/2024	Hover.com
	Amount (\$)	Payee address; City; State; Zip Code 96 Mowat Ave
	\$113.35	96 Mowat Ave
		Toronto ON M6K3M1 Canada
	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
		Software
	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

	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: 10/17 Rpt: 17/25	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	12/02/2024	Kate Weiser Chocolate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$316.34	3011 Gulden Ln.
		Dallas, TX 76212
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gifts
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨	Data	
	Date	Payee name
╙	12/05/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.53	185 Berry St.
		San Francisco, CA 94107
	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
		Rideshare
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/Oi	<u>'</u>
	Date	Payee name
	11/30/2024	M. Penner
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.45	1180-06 Uptown Park Blvd.
		Houston, TX 77056
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Gifts for outgoing judges
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
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

	Candidate/Officeholder/Politica		mmittee	Legal Services	s Expense	Salaries/V		se s/Contract Labor		OTHER (enter	istrict a category not listed	d above)
	Credit Card Payment			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	nission Filers)
	Sch: 11/17 Rpt: 18/25		Hawkins, Kr	isten Brauchle	(The Honor	able)				00080005		
4	Date	5	Payee name						<u> </u>			
	11/26/2024		Michael's C	ookie Jar								
6	Amount (\$)	7	Payee addres	ss; City;	State:	; Zip Co	de					
	\$154.15		5330 Wesla									
			Houston, TX	< 77005								
8	PURPOSE	(2)					(h)	Description				
ľ	OF	(a)		ee Categories listed at age Expense	the top of this sch	iedule)	(6)	:	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1 OOU/Deven	age Expense				=		officeholder livin		
								Food for St. A	Agn	es & Strake	e Jesuit Mocl	k Trial
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/03/2024		NGPVAN									
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	de					
	\$266.50		1445 New Y	ork Ave NW S	te 200							
			Washington	, DC 20005								
	PURPOSE	(a)	Category (St	ee Categories listed at	the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Ex		,		Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITORE							—	, TX,	officeholder livin	g expense	
								Database				
_	Complete ONLY if direct	<u> </u>	Condidate/Offi			Y				Office le	ماما	
	Complete ONLY if direct expenditure to benefit C/OI		Januluale/Oni	ceholder name		Office sou	gnı			Office h	eiu	
_		_										
	Date		Payee name									
	11/04/2024		NGPVAN									
	Amount (\$)		Payee addres			; Zip Co	de					
	\$266.50		1445 New Y	ork Ave NW S	te 200							
			Washington	, DC 20005								
	PURPOSE OF	(a)		ee Categories listed at		iedule)	(b)	Description				
	EXPENDITURE		Office Overl	nead/Rental Ex	pense					de of Texas. Cor officeholder livin	nplete Schedule T.	
								Database	, .,,	omeendad: min	g oxponed	
	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI						-					
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising 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
Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)			
┰	Total pages Schedule F1:		·		_		3	Filer ID	(Ethics Commissio	n Filers)	
ľ	Sch: 12/17 Rpt: 19/25		ten Brauchle (The Honoi	rable)			3	00080005	(Luiics Commissio	111 11013)	
┰	Date	5 Payee name									
	12/16/2024	New York Tim	291								
Ļ											
6	Amount (\$)	7 Payee address;		; Zip Coo	de						
l	\$75.60	620 Eighth Av	renue.								
l		New York, NY	10018								
8	PURPOSE	(a) Category (See (Categories listed at the top of this sch	nedule)	(b)	Description					
	OF		ad/Rental Expense	,			outsi	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE		·			_	, TX	, officeholder living	expense		
						Subscription					
9	Complete ONLY if direct	Candidate/Office	holder name	Office souç	ght			Office he	eld		
	expenditure to benefit C/O	1									
F	Date	Payee name									
	11/18/2024	New York Tim	ies								
┝	Amount (\$)	Payee address;	City; State	: Zip Coo	de						
	\$75.60	620 Eighth Av		, 2ip 000	ac .						
	Φ15.00	020 Eighth Av	enue.								
		_									
		New York, NY	10018								
	PURPOSE	(a) Category (See (Categories listed at the top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE	Office Overhe	ad/Rental Expense			-		ide of Texas. Com			
						ш	ıstin, TX, officeholder living expense				
						Subscription					
L					_						
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Office	holder name (Office souç	ght			Office he	eld		
L	experience to benefit 6/6/										
	Date	Payee name									
	11/13/2024	Oak Hill Cap a	and Gown								
	Amount (\$)	Payee address;	City; State	; Zip Coo	de						
	\$573.68	3812 Blue Ric	lge Dr								
		Roanoke, VA	24018								
L	DUDDOCE				/h)	Description					
	PURPOSE OF		Categories listed at the top of this sch	nedule)	(D)	Description Check if travel	nutsi	ide of Texas. Com	nlete Schedule T		
	EXPENDITURE	Office Overne	ad/Rental Expense					, officeholder living			
						Judicial Robe					
1											
\vdash	Complete ONLY if direct	Candidate/Office	holder name (Office souç	ght			Office he	eld		
	expenditure to benefit C/O				,···•			200 110	-		
\vdash											
l											

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	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/17 Rpt: 20/25	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	11/04/2024	Paragon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,618.84	1505 N Hydin Rd.
		Ste. 110
		Pittsburgh, PA 15257-0001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing fees
		Trocessing rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	H
	Date	Payee name
	12/02/2024	Paragon
	Amount (\$)	Payee address; City; State; Zip Code
	\$866.19	1505 N Hydin Rd.
		Ste. 110
		Pittsburgh, PA 15257-0001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing fees
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	12/16/2024	Roots
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.55	118 W 8th St #101
		Georgetown, TX 78626
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal while teaching at College for New Judges
		Weat write teaching at conege for ivew studies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
T		
ı		

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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 14/17 Rpt: 21/25	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	12/16/2024	Sheraton Austin Georgetown Hotel & Conference Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.48	1101 Woodlawn Ave.
		Georgetown, TX 78628
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meal while teaching at College for New Judges
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/13/2024	Shipley
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.66	12588 Broadway
		Pearland, TX 77584
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Jury meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/31/2024	State Bar of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1414 Colorado St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		CLE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	'

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/17 Rpt: 22/25	Hawkins, Kristen Brauchle (The Honorable)	00080005
4	Date	5 Payee name	<u> </u>
	11/04/2024	Tacos A Go Go	
6	Amount (\$) \$399.34	7 Payee address; City; State; Zip Code 3704 Main St.	
		Houston, TX 77002	
8	PURPOSE OF EXPENDITURE	Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Harris County Democratic Party volunteers
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/05/2024	Tacos A Go Go	
	Amount (\$) \$54.24	Payee address; City; State; Zip Code 3704 Main St.	
		Houston, TX 77002	
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ood for Harris County Democratic Party volunteers
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/14/2024	Target	
	Amount (\$) \$309.15	Payee address; City; State; Zip Code 2580 Shearn St	
		Houston, TX 77007	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies
	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

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,

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: 16/17 Rpt: 23/25	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	11/18/2024	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$110.67	2580 Shearn St
		Houston, TX 77007
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
		Office supplies
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/18/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.13	2580 Shearn St
		Houston, TX 77007
	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
		Office supplies
	0 1 0 0 1 1 1 1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	10/31/2024	Texas Lyceum
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	6046 Azalea Ln.
		Dallas, TX 75230-3406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	portation to bottom 0/01	

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		nmittee Le	gal Services ne Instruction G	·		ages/	Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 17/17 Rpt: 24/25	ı	Hawkins, Krist	en Brauchle	(The Honora	able)				00080005	,
4	Date	5	Payee name								
	11/30/2024		Tiffany & Co.								
6	Amount (\$)	7	Payee address;	City;	State;	Zip Cod	de				
	\$175.90		5015 Westhei	mer Road, Sı	ite 2100						
			Houston, TX 7	7056							
8	PURPOSE OF		Category (See C			edule)	(b)	<u>De</u> scription			
	EXPENDITURE		Gift/Awards/M	emorials Exp	ense			ш		de of Texas. Com	
								Gifts for outgo		officeholder living	expense
								Girls for outgo	OIII	y juuges.	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officel	nolder name	C	Office soug	ght			Office he	eld
	Date		Payee name								
	12/17/2024		Washington P	ost							
	Amount (\$)		Payee address;	City;	State;	Zip Cod	de				
	\$30.91		1301 K Street	NW							
	,,,,,										
			Washington, [OC 20071							
	PURPOSE	(a)	Category (See C	Categories listed at	he top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Office Overhe	ad/Rental Ex	pense					de of Texas. Com	
								—	, IX,	officeholder living	expense
								Subscription			
		<u> </u>									
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officel	nolder name	C	Office souç	ght			Office he	eld

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 25/25 2 FILER NAME Filer ID (Ethics Commission Filers) Hawkins, Kristen Brauchle (The Honorable) 00080005 8 Amount (\$) 5 Name of person from whom amount is received 12/23/2024 Frost Bank \$10.47 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77251-1315 Purpose for which amount is received Check if political contribution returned to filer Monthly Interest Payment Amount (\$) Name of person from whom amount is received Date 12/19/2024 State Bar of Texas \$255.26 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer reimbursement for travel in Austin for CLE