#### 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 66 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Kristen Brauchle NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Hawkins CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Amber J'Na NAME NICKNAME LAST **SUFFIX** Burton **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 326-7765 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 11 Harris

**GO TO PAGE 2** 

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 66

13 C / OH NAME	Hawkins, Kristen Bra	(Ethics Com	mission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accept These expenditures may had d officeholders are required	ave been made without t	he candidate's or offi	ceholder's kno	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN	TREASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIB ES OF LOANS, OR CONTR			, <b>\$</b>	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS  (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$	109,180.00	
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS						37.89
4. TOTAL POLITICAL EXPENDITURES						34,281.91
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAIN	ITAINED AS OF THE LA	AST DAY OF THE	\$	357,989.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTS	STANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		true and	or affirm, under penalty d correct and includes al itle 15, Election Code.			
			The Honorable	Kristen Brauchle I	Hawkins	
			Signature of	Candidate or Officeh	older	
AFFIX NOT	TARY STAMP / SEAL AB	OVE				
		aid		, this the		day
of	, 20, to c	ertify which, witness my han	d and seal of office.			
Signature of office	er administering oath	Printed name of office	r administering oath	Title of offic	er administeri	ng oath

### **SUBTOTALS - JC/OH**

# FORM JC/OH COVER SHEET PG 3

				J V L I	3 of 66
	ER NAN		19 Filer ID	(Ethic:	s Commission Filers)
		Kristen Brauchle (The Honorable)	00080005		
		E SUBTOTALS SCHEDULE		s	SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	109,180.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		\$			
4.		\$			
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					34,281.91
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	ONS	\$	
12.	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	1,282.13
				<u>,                                    </u>	

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	v to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 1/28 Rpt: 4/66
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorabl	e)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 01/14/2025	<ul><li>5 Full name of contributor Adams, Caroline Elizabe</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
_		Houston, TX 77002-3009		T		
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		(1)
10	Buzbee Law	employer/law firm Firm		11 Law firm of contributor's sp	oous	se (If any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	01/14/2025	Ammons, Robert  Contributor address; City; S	tate; Zip Code			\$2,500.00
		Houston, TX 77006-4624				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Ammons La	w Firm				
	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 (\$)
	01/15/2025	Andrews Myers PC				\$500.00
		Contributor address; City; S Houston, TX 77056-4175				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	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	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/28 Rpt: 5/66
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorab	ıle)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 02/04/2025	Full name of contributor     Arnold, Kurt     Contributor address; City; s	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$5,000.00
		Houston, TX 77007-703	5			
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e Arnold & Itki	employer/law firm n LLP		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	01/28/2025	Beck Redden LLP  Contributor address; City; 9				\$1,000.00
		Houston, TX 77010-2029	9			
	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	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	01/14/2025	Bergen, David  Contributor address; City; 9  Houston, TX 77005-265				\$1,000.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Buzbee Law	Firm				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/28 Rpt: 6/66
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorab	le)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 03/03/2025	<ul><li>5 Full name of contributor Bettis, James</li><li>6 Contributor address; City; S</li></ul>			7	Amount of Contribution (\$) \$250.00
		Houston, TX 77002-2806	j 	T		
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney Ser			Attorney		
10	Contributor's e Munsch Har	employer/law firm dt		11 Law firm of contributor's sp	oous	e (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/03/2025	Bracewell PAC  Contributor address; City; \$	State; Zip Code			\$1,000.00
		Houston, TX 77002-2770	)			
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	e (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 (\$)
	01/06/2025	Calvert, Terry Marc	_			\$500.00
		Contributor address; City; S Cypress, TX 77433-1996			•	
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Self Employe	ed				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCH	EDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Sch Sch: 4/28 Rpt:	, ,	:
2	FILER NAME				3	Filer ID (Ethics	Commission	on Filers)
	Hawkins, Kr	isten Brauchle (The Honoral	ole)			00080005		
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contr	ibution (\$)	
	03/03/2025	Camp, Kevin Michael						\$500.00
		6 Contributor address; City;	State; Zip Code					
		Houston, TX 77007-902	1					
8	Contributor's	Principal Occupation		9 Contributor's Job Title				
	Attorney			Attorney				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spous	se (if any)		
	Roven Cam	p PLLC						
12	If contributor i	s a child, law firm of parent(s) (if	fany)	•				
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contr	ibution (\$)	
	01/14/2025	Cardwell, Suzan	_					\$1,000.00
		Contributor address; City;	State; Zip Code					
		Houston, TX 77006-402	0					
	Contributor's	Principal Occupation		Contributor's Job Title				
	Attorney	Filiopai Occupation		Attorney				
		employer/law firm			nou (	co (if any)		
	Cardwell & 0			Law firm of contributor's s	spous	se (ii ariy)		
			f am A					
	ii contributor i	s a child, law firm of parent(s) (if	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contr	ibution (\$)	
	03/04/2025	Carrigan Law Group PC						\$1,000.00
		Contributor address; City;	State; Zip Code		"			
		Houston, TX 77027-596	6					
	Contributor's	Principal Occupation		Contributor's Job Title	-			
	Contributor's	employer/law firm		Law firm of contributor's s	nous	se (if any)		
	Contributor 5	employemaw iiiii		Edw IIIII of Contributor 3 3	pou	oc (ii uiiy)		
	If contributor i	s a child, law firm of parent(s) (if	fany)					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/28 Rpt: 8/66
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorab	le)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 01/14/2025	<ul><li>5 Full name of contributor Chandler, Sherry</li><li>6 Contributor address; City; \$</li></ul>			7	Amount of Contribution (\$) \$500.00
		Houston, TX 77027-7335	5			
8		Principal Occupation		9 Contributor's Job Title		
40	Attorney			Attorney		and the sun of
10	The Chandle	employer/law firm er Law Firm		11 Law firm of contributor's sp	oous	se (IT any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	01/29/2025	Cone' PLLC Contributor address; City; \$				\$1,000.00
		Houston, TX 77008-6913	3			
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	02/05/2025	Coulter P.C.	_			\$100.00
		Contributor address; City; S  Houston, TX 77098-1808			•	
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	I .		

	MONET	ARY POLITICAL (	CONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 6/28 Rpt: 9/66
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorable	e)		3 Filer ID (Ethics Commission Filers) 00080005
4	Date 03/03/2025	<ul><li>5 Full name of contributor Crew, Paxton</li><li>6 Contributor address; City; S</li><li>League City, TX 77573-74</li></ul>	·		7 Amount of Contribution (\$) \$1,000.00
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	<u> </u>
	Attorney			Attorney	
10		employer/law firm aw Firm PC		11 Law firm of contributor's sp	spouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if a	any)	L	
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	01/14/2025	Davenport, Scott  Contributor address; City; Si  Houston, TX 77007-7621			\$1,000.00 
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>
	Attorney			Attorney	
	Contributor's	employer/law firm		Law firm of contributor's sp	spouse (if any)
	Davenport L	aw Firm PC			
	If contributor is	s a child, law firm of parent(s) (if a	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	01/27/2025	Deaton, Mark  Contributor address; City; S  Houston, TX 77025-3516			\$250.00 
	Contributor's F	Principal Occupation		Contributor's Job Title	•
	Attorney			Attorney	
	Contributor's	employer/law firm		Law firm of contributor's sp	spouse (if any)
	Munsch Har	dt			
	If contributor is	s a child, law firm of parent(s) (if a	any)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/28 Rpt: 10/66
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorab	le)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 01/14/2025	<ul><li>5 Full name of contributor</li><li>Di Ferrante, Chris</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Houston, TX 77008-4703	L			
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm rante Attorney at Law P.C.		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)	<u>I</u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)
	01/14/2025	Doyle Restrepo Harvin &  Contributor address; City; \$	Robbins LLP State; Zip Code			\$250.00
	Cantuila staula I	Houston, TX 77002-1063		Constribute de Joh Title		
	Contributors	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	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	01/14/2025	Edwards, John  Contributor address; City; 9  Houston, TX 77009-5029				\$100.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Surgeon			Surgeon		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Houston EN	Т				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 8/28 Rpt: 11/66
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honoral	ole)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 03/03/2025	<ul><li>5 Full name of contributor</li><li>Farah Law Group PLLC</li><li>6 Contributor address; City;</li></ul>			7	Amount of Contribution (\$) \$500.00
		Houston, TX 77006-120	7			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	03/03/2025	Fleetwood, Michael Contributor address; City;	<u> </u>			\$100.00
		Lakewood, CO 80215-7	043			
		Principal Occupation		Contributor's Job Title		
	Manager			Manager		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	02/07/2025	Hadi, Husein				\$2,500.00
		Contributor address; City; Sugar Land, TX 77479-3				
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	The Hadi La	w Firm				
	If contributor is	s a child, law firm of parent(s) (if	f any)			

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this t	orm.	1	Total pages Schedule A(J)1: Sch: 9/28 Rpt: 12/66
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorable	e)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 03/03/2025	<ul> <li>5 Full name of contributor Hataway-Cone, Misty</li> <li>6 Contributor address; City; St</li> </ul>			7	Amount of Contribution (\$) \$1,000.00
_		Houston, TX 77007-4757		In a		
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if a	any)	•		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	02/05/2025	Havins, John Contributor address; City; Si			•	\$250.00
		Houston, TX 77019-2125				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Havins Asso					
	If contributor is	s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	01/30/2025	Hawash Cicack & Gaston	LLP			\$500.00
		Contributor address; City; Si Houston, TX 77006-5005			•	
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	al pages Schedule A(J)1 n: 10/28 Rpt: 13/66	l:
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorab	ıle)		1	r ID (Ethics Commissi 080005	on Filers)
4	Date 03/04/2025	<ul><li>5 Full name of contributor Haynes, Kevin</li><li>6 Contributor address; City; \$</li></ul>	out-of-state PAC (ID#:			ount of Contribution (\$)	\$1,500.00
		Houston, TX 77030-121	5				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's 6 Kherkher Ga	employer/law firm arcia LLP		11 Law firm of contributor's sp	oouse (if	any)	
12	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Am	ount of Contribution (\$)	
	01/29/2025	Hernandez, Ana  Contributor address; City; 9  Houston, TX 77251-128					\$1,000.00
	Contributor's F	Principal Occupation	•	Contributor's Job Title	<u> </u>		
	State Repres			State Representative			
	•	employer/law firm		Law firm of contributor's sp	oouse (if	any)	
	State Repres	sentative					
	If contributor is	s a child, law firm of parent(s) (if	any)	1			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Am	ount of Contribution (\$)	
	03/03/2025	Hernandez, Rolando	_				\$30.00
		Contributor address; City; 9  Houston, TX 77266-624					
	Contributor's F	Principal Occupation		Contributor's Job Title	1		
	Spanish Cou	ırt Interpreter		Spanish Court Interpret	er		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if	any)	
	Self Employe	ed					
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL C	CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 11/28 Rpt: 14/66
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorable	2)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 03/03/2025				7	Amount of Contribution (\$) \$500.00
		Houston, TX 77002-8769				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	<ul><li>10 Contributor's employer/law firm</li><li>11 Law firm of contributor's s</li><li>The Law Office Of Daniel D. Horowitz III PC</li></ul>				ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if a	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	02/04/2025 Itkin, Jason  Contributor address; City; State; Zip Code			•	\$5,000.00	
	Houston, TX 77007-7035					
	Contributor's Principal Occupation Contributor's Job Title					
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Arnold & Itki					
	If contributor is	s a child, law firm of parent(s) (if a	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	01/20/2025	John McFarland Lawyers	— PLLC			\$250.00
		Contributor address; City; St  Houston, TX 77030-1811	ate; Zip Code			
-	Contributor's I	Principal Occupation		Contributor's Job Title	_	
		тиори озобринот				
Contributor's employer/law firm Law firm of contributor			Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if a	ny)	<u> </u>		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 12/28 Rpt: 15/66
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorat	ole)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 01/29/2025			7	Amount of Contribution (\$) \$5,000.00	
		Houston, TX 77098-314	5	_		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	01/22/2025 Kidd, Donald Hamilton  Contributor address; City; State; Zip Code				\$1,000.00	
	Houston, TX 77055-6672					
	Contributor's Principal Occupation Contributor's Job Title					
	Attorney Attorney					
	Contributor's e	employer/law firm dd		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	01/14/2025 Kim, John  Contributor address; City; State; Zip Code					\$1,000.00
		Houston, TX 77006-585	7			
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	The Kim Lav	v ⊢ırm s a child, law firm of parent(s) (il	anv)			
		(-)				

	MONET	ARY POLITICAL CON	ITRIBUTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to c	omplete this form.	1 Total pages Schedule A(J)1: Sch: 13/28 Rpt: 16/66
2	FILER NAME Hawkins, Kr	isten Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005
4	Date 01/14/2025  5 Full name of contributor out-of-state PAC (ID#:)  King Garza, Chelsie  6 Contributor address; City; State; Zip Code			7 Amount of Contribution (\$) \$100.00
		Humble, TX 77396-3793		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10	Contributor's Chelsie King	employer/law firm a Garza PC	spouse (if any)	
12		s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor Ou	ut-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/03/2025	King Garza, Chelsie	\$100.00	
		Contributor address; City; State; Zi  Humble, TX 77396-3793	p Code	
	Contributor's	Principal Occupation	Contributor's Job Title	
	Attorney	Fincipal Occupation	Attorney	
		employer/law firm	Law firm of contributor's	chauca (if any)
	Chelsie King	• •	Edw IIIII of Contributor 3	spouse (ii dily)
		s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor Ou	ut-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/29/2025	Kretzer, Seth		\$250.00
		Contributor address; City; State; Zi  Houston, TX 77002-1764	p Code	
	Contributor's	I Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
	Contributor's	employer/law firm	Law firm of contributor's	spouse (if any)
		of Seth Kretzer		
	If contributor i	s a child, law firm of parent(s) (if any)	<b>'</b>	

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 14/28 Rpt: 17/66	
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorab	le)		3	Filer ID (Ethics Commission Filers) 00080005	
4	Date 03/03/2025			7	Amount of Contribution (\$) \$250.0	)0	
		Houston, TX 77024-4702	L				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	<ul><li>10 Contributor's employer/law firm</li><li>Yetter Coleman LLP</li><li>11 Law firm of contributor's s</li></ul>					se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/14/2025 Leavitt, Chris  Contributor address; City; State; Zip Code				\$1,000.0	)0	
	Houston, TX 77056-1621						
	Contributor's Principal Occupation Contributor's Job Title						
	Attorney			Attorney			
	Contributor's 6 Attorney	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
		s a child, law firm of parent(s) (if	any)	l			
-	Date	Full name of contributor	out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)	_
	02/05/2025	Lowenberg, Mike				\$5,000.0	00
	Contributor address; City; State; Zip Code  Houston, TX 77056-5330						
_	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>		_
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	_
	Lowenberg I	aw Firm PLLC					
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 15/28 Rpt: 18/66
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorab	ıle)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 01/14/2025			7	Amount of Contribution (\$) \$5,000.00	
		Dallas, TX 75201-2151		1		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	.0 Contributor's employer/law firm 11 Law firm of contributor's sp				ous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	01/24/2025 Manji, Abel  Contributor address; City; State; Zip Code			•	\$500.00	
	Sugar Land, TX 77479-4875  Contributor's Principal Occupation  Contributor's Principal Occupation					
Contributor's Principal Occupation Contributor's Job Title Attorney Attorney						
		employer/law firm		Law firm of contributor's sp		co (if any)
	Hird Chu Lav	, ,		Law iiiii oi contributoi 3 3	,ou.	se (ii diiy)
		s a child, law firm of parent(s) (if	any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)
	03/05/2025	Markland, Clive	Uni-or-state PAC (ID#.	J		\$2,500.00
Contributor address; City; State; Zip Code						
_	Contributor's I	Houston, TX 77092-201		Contributor's Job Title	<u> </u>	
	Attorney	inicipal Cocapation		Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Markland La	w Firm PLLC				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 16/28 Rpt: 19/66
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorab	ıle)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 01/19/2025			7	Amount of Contribution (\$) \$500.00	
		Houston, TX 77056-183	5			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	0 Contributor's employer/law firm 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)			
	Date Full name of contributor out-of-state PAC (ID#:)  02/03/2025 McFarland, John  Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$250.00	
	Houston, TX 77030-1811					
	Contributor's Principal Occupation  Contributor's Job Title					
	Attorney	employer/law firm		Attorney  Law firm of contributor's sp		oo (if am)
		and Lawyers PLLC		Law IIIII of Continuator's Sp	Jous	se (II aliy)
		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/05/2025 McMillan, Jaqualine  Contributor address; City; State; Zip Code  Highlands Ranch, CO 80126-5733				•	\$5,000.00
_	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Self Employed					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Fotal pages Schedule A(J)1: Sch: 17/28 Rpt: 20/66
2	FILER NAME Hawkins, Kr	isten Brauchle (The Honorab	ıle)		1	Filer ID (Ethics Commission Filers)
4	Date 03/04/2025			7 /	Amount of Contribution (\$) \$2,000.00	
		Houston, TX 77002				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney Attorney					
10	<ul><li>10 Contributor's employer/law firm</li><li>Mithoff Law Firm</li><li>11 Law firm of contributor's s</li></ul>				oouse	(if any)
12	If contributor i	s a child, law firm of parent(s) (if	any)	•		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	<i>-</i>	Amount of Contribution (\$)
	02/03/2025 Munsch Hardt Kopf & Hart  Contributor address; City; State; Zip Code  Dallas, TX 75201-6659					\$500.00
Contributor's Principal Occupation Contributor's Job Title						
	Continuator S i	-ппсіраї Оссираціон		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	(if any)
	If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	<i>A</i>	Amount of Contribution (\$)
	01/29/2025 Neuer, Raymond  Contributor address; City; State; Zip Code  Houston, TX 77027-6706					\$1,000.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	(if any)
Sepncer Fane LLP						
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains hov	v to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 18/28 Rpt: 21/66	
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorabl	e)		3	Filer ID (Ethics Commission Filers) 00080005	
4	Date 02/06/2025			7	Amount of Contribution (\$) \$500.00		
		Houston, TX 77019-5918	1				
8		Principal Occupation		9 Contributor's Job Title			
	Retired N/A						
10	10 Contributor's employer/law firm Retired 11 Law firm of contributor's					se (if any)	
12	! If contributor i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/04/2025 Ownby, Kathleen  Contributor address; City; State; Zip Code				\$100.00		
	Houston, TX 77005-2854						
		Principal Occupation		Contributor's Job Title			
	Director			Director			
		employer/law firm		Law firm of contributor's sp	oous	se (if any)	
		ool Park Program					
	ii contributor i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/18/2025	Padilla, John				\$1,000.00	
Contributor address; City; State; Zip Code  Houston, TX 77057-6217							
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	Padilla & Ro	driguez LLP					
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 19/28 Rpt: 22/66
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorab	ıle)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 01/14/2025			7	Amount of Contribution (\$) \$500.00	
		Houston, TX 77010-1008	3			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	02/05/2025 Paxton, Richard  Contributor address; City; State; Zip Code			•	\$1,000.00	
	Houston, TX 77005-1509					
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	01/31/2025	Perkins, Ed	_			\$500.00
Contributor address; City; State; Zip Code  Houston, TX 77018-1116				•		
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Spencer Far	ne LLP				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (	CONTRIBUTIO	DNS		SCHEDULE	A(J)1
	The Instru	ction Guide explains hov	v to complete this f	orm.		l pages Schedule A(J)1 : 20/28 Rpt: 23/66	L:
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorabl	e)			ID (Ethics Commissi 80005	on Filers)
4	Date 03/03/2025				<b>7</b> Amo	ount of Contribution (\$)	\$1,000.00
		Houston, TX 77046-2486					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	10 Contributor's employer/law firm 11 Law firm of contributor's s				oouse (if a	any)	
12	If contributor is	s a child, law firm of parent(s) (if	any)	L			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amo	ount of Contribution (\$)	
	01/28/2025	Porter Hedges LLP		······································		. ,	\$2,500.00
		Contributor address; City; S Houston, TX 77002-6341					
	Contributor's I	Principal Occupation		Contributor's Job Title	ı		
Contributor's employer/law firm Law firm			Low firm of contributors or	aguag (if a	2011		
	Continuators	employer/law lillii		Law firm of contributor's sp	ouse (ii a	arry)	
	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amo	ount of Contribution (\$)	
	02/05/2025	Poupore Law Firm PLLC					\$5,000.00
	Contributor address; City; State; Zip Code  Houston, TX 77019-3885						
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse (if a	any)	
	If contributor is	s a child, law firm of parent(s) (if	any)	•			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 21/28 Rpt: 24/66
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorab	ıle)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 02/05/2025			7	Amount of Contribution (\$) \$2,500.00	
		Houston, TX 77019-604	3			
8		Principal Occupation		9 Contributor's Job Title		
	Attorney Attorney					
10	<ul><li>10 Contributor's employer/law firm</li><li>Rick Ramos Law Firm</li><li>11 Law firm of contributor's s</li></ul>					se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/04/2025 Rapp & Krock PC  Contributor address; City; State; Zip Code					\$250.00
Houston, TX 77056-3970  Contributor's Principal Occupation  Contributor's Job Title				O contributanta dala Titla		
	Contributors	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	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/03/2025 Raush, Tiffany  Contributor address; City; State; Zip Code  Houston, TX 77059-5011				\$100.00	
	Contributor's F	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Jones Walke					
	If contributor is	s a child, law firm of parent(s) (if	any)			
					_	

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 22/28 Rpt: 25/66
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorab	ole)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 03/04/2025			7	Amount of Contribution (\$) \$1,000.00	
		Houston, TX 77002-522	7			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	O Contributor's employer/law firm 11 Law firm of contributor's s				oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	ī	Amount of Contribution (\$)
	03/03/2025 Roberts Markland LLP  Contributor address; City; State; Zip Code				\$5,000.00	
		Houston, TX 77004-760	4			
	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	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/05/2025	Roberts, Sean	_			\$5,000.00
Contributor address; City; State; Zip Code  Houston, TX 77004-7604						
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Roberts Markland LLO					
	If contributor is	s a child, law firm of parent(s) (if	any)			

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 23/28 Rpt: 26/66					
2	FILER NAME Hawkins, Kri	ER NAME wkins, Kristen Brauchle (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080005			
4	Date 01/14/2025	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$1,000.00				
		Houston, TX 77098-1876	ô						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title					
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)			
12	! If contributor is	s a child, law firm of parent(s) (if	any)						
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)			
	02/04/2025 Schutza, Jerry  Contributor address; City; State; Zip Code				\$100.00				
		Houston, TX 77002-5703	1						
	Contributor's Principal Occupation Contributor's Job Title								
	Attorney			Attorney					
		employer/law firm		Law firm of contributor's sp	oous	se (if any)			
		f Jerry L. Schutza							
	ii contributor i	s a child, law firm of parent(s) (if	any)						
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)			
	01/14/2025	Sorrels, Randall				\$1,000.00			
	Contributor address; City; State; Zip Code  Houston, TX 77007-8250								
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>				
	Attorney			Attorney					
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)			
	Sorrels Law								
	If contributor is	s a child, law firm of parent(s) (if	any)						

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 24/28 Rpt: 27/66					
2	FILER NAME Hawkins, Kri	ER NAME wkins, Kristen Brauchle (The Honorable)			3	Filer ID (Ethics Commission File 00080005	ers)		
4	Date 02/05/2025	5 Full name of contributor  out-of-state PAC (ID#:)  Spencer Fane LLP  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	500.00			
		Houston, TX 77056-6584	1						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title					
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)			
12	! If contributor is	s a child, law firm of parent(s) (if	any)						
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)			
	01/29/2025 Stogner, Brant  Contributor address; City; State; Zip Code					00.00			
		Houston, TX 77042-2136	5						
	Contributor's Principal Occupation Contributor's Job Title			Contributor's Job Title					
	Attorney			Attorney					
	Contributor's employer/law firm Law firm of contributor			Law firm of contributor's sp	ous	se (if any)			
	Abraham Wa	atkins law firm							
	If contributor is	s a child, law firm of parent(s) (if	any)						
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)			
	02/05/2025	Terry & Thweatt P.C.				` '	500.00		
	Contributor address; City; State; Zip Code			•					
	0 + - 1 - 1 - 1 - 1	Houston, TX 77009-6702	<u>-</u>	Contaile de de Tale Tide					
	Contributor's I	Principal Occupation		Contributor's Job Title					
Contributor's employer/law firm			Law firm of contributor's sp	ous	se (if any)				
	If contributor is	s a child, law firm of parent(s) (if	any)	I.					

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 25/28 Rpt: 28/66					
2	FILER NAME Hawkins, Kri	NAME ins, Kristen Brauchle (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080005			
4	Date 01/29/2025			7	Amount of Contribution (\$) \$1,000.00				
		Houston, TX 77058-274	6						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title					
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)			
12	! If contributor is	s a child, law firm of parent(s) (if	any)						
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)			
	01/29/2025 Tracey Fox & Walters  Contributor address; City; State; Zip Code				\$5,000.00				
	Houston, TX 77002-1060								
Contributor's Principal Occupation Contributor's Job Titl			Contributor's Job Title						
Contributor's employer/law firm Law firm of c			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 (\$)			
	01/29/2025	Vilandos, Marilyn	<b>—</b>			\$250.00			
	Contributor address; City; State; Zip Code  Houston, TX 77082-6854								
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>				
	Attorney			Attorney					
				Law firm of contributor's sp	oous	se (if any)			
	SBSB-EAST	HAM							
	If contributor is	s a child, law firm of parent(s) (if	any)						

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A	A(J)1	
	The Instru	ction Guide explains how to complete this f	form.	1	al pages Schedule A(J)1 n: 26/28 Rpt: 29/66	.:
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorable)			r ID (Ethics Commission 180005	on Filers)
4	Date 01/31/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Vinson &amp; Elkins Texas Political Action Committee</li> <li>Contributor address; City; State; Zip Code</li> </ul>		<b>7</b> Amo	ount of Contribution (\$)	\$2,500.00
8	Contributor's I	Houston, TX 77002-6736  Principal Occupation	9 Contributor's Job Title			
ŭ	Continuator 5 .	Illiopa Geogram	Contributor 5 555 Trac			
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	pouse (if	any)	
12	If contributor is	is a child, law firm of parent(s) (if any)				
	Date	Full name of contributor  uut-of-state PAC (ID#:_	)	Amo	ount of Contribution (\$)	
	01/29/2025 Ware Jackson Lee O'neill Smith Barrow  Contributor address; City; State; Zip Code					\$500.00
-	Contributor's I	Houston, TX 77019-7100  Principal Occupation	Contributor's Job Title			
Contributor 5 i inicipal Cocapation						
Contributor's employer/law firm Law firm of contribut				pouse (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#:_		Amo	ount of Contribution (\$)	
	03/03/2025	Watts, Beatty				\$100.00
Contributor address; City; State; Zip Code  Houston, TX 77005-2150						
		Principal Occupation	Contributor's Job Title			
	Retired		N/A			
	Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if	any)	
	If contributor is a child, law firm of parent(s) (if any)					

MONET	ARY POLITICAL (	CONTRIBUTIO	DNS	SCHEDULE A(J)1	
The Instru	ction Guide explains hov	1 Total pages Schedule A(J)1: Sch: 27/28 Rpt: 30/66			
2 FILER NAME Hawkins, Kri	sten Brauchle (The Honorabl	e)		3 Filer ID (Ethics Commission Filers) 00080005	
4 Date 01/14/2025	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$1,000.00		
	Houston, TX 77002-6125				
8 Contributor's F	Principal Occupation		9 Contributor's Job Title		
10 Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if	any)			
Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/14/2025				\$1,000.00	
Spring, TX 77379-7571					
Attorney	Contributor's Principal Occupation  Attorney  Contributor's Job Title  Attorney				
	employer/law firm		Law firm of contributor's sp	pouce (if any)	
Yetter Colen			Law IIIII of Contributor 3 3p	ouse (ii aiiy)	
	s a child, law firm of parent(s) (if	anv)			
ii contributor is	s a crima, law initi of parcria(s) (in	arry)			
Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/14/2025	Zehl & Associates	_		\$2,500.00	
Contributor address; City; State; Zip Code					
Contributor's F	Houston, TX 77024-3708 Principal Occupation		Contributor's Job Title		
Contributor 3 i	тпораг Оссираноп		Contributor 3 300 Title		
Contributor's employer/law firm			Law firm of contributor's sp	oouse (if any)	
If contributor is	If contributor is a child, law firm of parent(s) (if any)				

	MONET	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete this t	1	otal pages Schedule A(J)1: ch: 28/28 Rpt: 31/66	
2	FILER NAME	isten Brauchle (The Honorable)		1	ller ID (Ethics Commission Filers) 0080005
4	Date 03/03/2025	5 Full name of contributor			mount of Contribution (\$) \$250.00
		Houston, TX 77227-2455			
8		Principal Occupation	9 Contributor's Job Title	•	
	Attorney		Attorney		
10	Contributor's of Counsel	employer/law firm	11 Law firm of contributor's sp	oouse (	(if any)
12		s a child, law firm of parent(s) (if any)			

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### 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 Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal manage Calculula E4.	
1	Total pages Schedule F1: Sch: 1/32 Rpt: 32/66	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)  3 Filer ID (Ethics Commission Filers) 00080005
4	Date	5 Payee name
	04/10/2025	AT&T Conference Center
6	Amount (\$) \$397.32	7 Payee address; City; State; Zip Code 1900 University Ave.
		Austin, TX 78705
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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense  Hotel for conference
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/02/2025	Avenida South Garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	1710 Polk St.
		Houston, TX 77003
	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
		Event parking
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/04/2025	Avenida South Garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	1710 Polk St.
		Houston, TX 77003
	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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Event parking
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	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: 2/32 Rpt: 33/66	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	02/13/2025	Ayu Bakehouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.05	801 Frenchmen St
		New Orleans, LA 70167
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meal during CLE
		mod daming off
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/23/2025	Bloomberg
	Amount (\$)	Payee address; City; State; Zip Code
	\$415.00	731 Lexington Ave.
		New York, NY 10022
	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/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	01/06/2025	BlueHost
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.99	10 Corporate Drive
		Burlington, MA 01803
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		website domain hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage I

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

	Contributions/ Donations Made By 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: Sch: 3/32 Rpt: 34/66	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)  3 Filer ID (Ethics Commission Filers) 00080005
4	Date	5 Payee name
-	02/06/2025	BlueHost
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.99	10 Corporate Drive
		Burlington, MA 01803
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
		website domain hosting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2025	BlueHost
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.99	10 Corporate Drive
		Burlington, MA 01803
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		website domain hosting
		Wosone domain necting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	04/07/2025	BlueHost
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.99	10 Corporate Drive
		Burlington, MA 01803
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		website domain hosting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Salaries/\	Expens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	IE				3	Filer ID	(Ethics Commission Filers)	
	Sch: 4/32 Rpt: 35/66		Kristen Brauchle (The	e Honorable)				00080005	•	
4	Date	5 Payee name	•	•						
	04/28/2025	BlueHost	<del>-</del>							
6	Amount (\$)	<b>7</b> Payee addr	ess; City;	State: Zip Co	ode					
ľ	\$220.19	10 Corpora		State, Zip Ci	ouc					
	Ψ220.13	20 001p011								
		Rurlington	, MA 01803							
8	PURPOSE				(b)	Dogorintian				
0	OF		See Categories listed at the toperhead/Rental Expens		(0)	Description  Check if travel of	outsio	de of Texas. Comp	olete Schedule T.	
	EXPENDITURE	Office Ove	meau/Nemai Expens	30		<b>=</b>		officeholder living		
						website doma	ain	hosting		
L										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office sou	ught			Office he	ld	
	Date	Payee nam	e	<u> </u>		<u> </u>				
	05/06/2025	BlueHost								
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$3.99	10 Corpora	ate Drive							
Burlington, MA 01803										
	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		erhead/Rental Expens			Check if travel		de of Texas. Comp		
	LAFEINDITURE		·			<b>—</b>		officeholder living	expense	
						website doma	aın	nosting		
_	0 1 0 0 0 0 0 0		···		<u> </u>			- · ·		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office sou	ugnt			Office he	·Iα	
	Date	Payee nam	e							
	06/06/2025	BlueHost								
	Amount (\$)	Payee addr	-	State; Zip Co	ode					
	\$3.99	10 Corpora	ate Drive							
		Burlington	, MA 01803							
	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expens	se		ш		de of Texas. Comp		
						Check if Austin, website doma		officeholder living	expense	
						wensite unille	all I	nosung		
	Complete ONLY if direct	Candidata/O	fficabolder name	Office	labt			Office he	uld	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

bursement Solicitation/Fundraising Expense
Il 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/32 Rpt: 36/66	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	03/04/2025	Braes Interfaith Ministries
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	4300 W Bellfort Ave
L		Houston, TX 77035
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TV, office bodder living expenses.
		Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	5.	
	Date	Payee name
	01/06/2025	Brooks IT Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$362.48	PO Box 926202
		Houston, TX 77292
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign IT
		Campaign 11
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	02/03/2025	Brooks IT Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$472.00	PO Box 926202
		Houston, TX 77292
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign IT
⊢	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)** 

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

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

	Candidate/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: 6/32 Rpt: 37/66	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	03/03/2025	Brooks IT Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$472.00	PO Box 926202
		Houston, TX 77292
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign IT
		Campaignin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/01/2025	Brooks IT Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$472.00	PO Box 926202
		Houston, TX 77292
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Compaign IT
		Campaign IT
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	·	
	Date	Payee name
	05/01/2025	Brooks IT Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$575.60	PO Box 926202
		Houston, TX 77292
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFEINDITORE	Check if Austin, TX, officeholder living expense
		Campaign IT
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/32 Rpt: 38/66	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	06/02/2025	Brooks IT Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$575.60	PO Box 926202
L		Houston, TX 77292
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxes, 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
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/06/2025	Cardona, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	5216 Leeland St.
	•	
		Houston, TX 77023
	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  Consulting Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	02/03/2025	Cardona, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	5216 Leeland St.
		Houston, TX 77023
	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  Consulting Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cr 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			Legal Services	als Expense	Salaries/V		se s/Contract Labor		OTHER (ente	r a category not	listed above)
	Credit Card Payment			The Instruction	Guide expla	ins how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Co	ommission Filers)
	Sch: 8/32 Rpt: 39/66		Hawkins, Kr	isten Brauchl	e (The Ho	norable)				0008000	5	
4	Date	5	Payee name									
	03/03/2025		Cardona, Ja	mes								
6	Amount (\$)	7	Payee addres	s; City;	St	ate; Zip Co	ode					
	\$3,500.00		5216 Leelan	d St.								
			Houston, TX	77023								
8	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE	ı	Fees					Check if travel	outsi	de of Texas. C	omplete Schedu	le T.
	EXPENDITORE							Check if Austin,		officeholder liv	ing expense	
								Consulting Fe	ee			
_							<u> </u>					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name		Office sou	ight			Office	held	
	Date	l	Payee name									
	02/13/2025		Curb Nola T	axi								
	Amount (\$)	l	Payee addres		St	ate; Zip Co	ode					
	\$45.00		11-11 34th A	Ave.								
			Long Island	City, NY 111	06							
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE		Travel Out o	f District							omplete Schedu	le T.
								Taxi in New C				
											9	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	<u>l</u> ıght			Office	held	
	expenditure to benefit C/O						J					
-	Date		Payee name									
	02/13/2025	l	Curb Nola T	axi								
	Amount (\$)	_	Payee addres		St	ate; Zip Co	nde					
	\$43.20	l	11-11 34th A	-		ato, zip oc	Juo					
	7.0.20											
			I ong Island	City, NY 111	06							
	PURPOSE	<del> </del>					(b)	Description				
	OF	ı	Travel Out o	e Categories listed	at the top of this	s schedule)	(0)	Description Check if travel of	outsi	de of Texas. C	omplete Schedu	le T.
	EXPENDITURE		Traver Out o	District				Check if Austin,				
								Taxi in New C	Orle	ans durin	g CLE	
	Complete ONLY if direct		candidate/Office	eholder name		Office sou	ıght			Office	held	
L	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 Co

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/32 Rpt: 40/66	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	02/12/2025	Ecopark Hobby Airport
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.00	7800 Airport Blvd
		Houston, TX 77061
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  Parking at airport
		r aiking at airpoit
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/09/2025	El Naranjo
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.26	2717 S Lamar Blvd STE 1085
		Austin, TX 78704
	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  Dinner with Judges in Austin after attending
		legeslative hearing
_	Compulate ONLY if direct	L
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
L	01/06/2025	Emile C. Brown Media
	Amount (\$)	Payee address; City; State; Zip Code
	\$357.22	2339 Commerce St.
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Photos of swearing in ceremony
	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

### SCHEDULE F1

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
L	Sch: 10/32 Rpt: 41/66	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
L	05/02/2025	Firehouse Subs
6	Amount (\$) \$378.46	7 Payee address; City; State; Zip Code 3924 Bellaire Blvd  Houston, TX 77025
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  Food for St. Agnes Mock Trial
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/28/2025	Flowers Etc By Georgia
	Amount (\$) \$271.15	Payee address; City; State; Zip Code 1818 Waugh Dr.
		Houston, TX 77006
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Thank you gift for work during legislative session
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	06/16/2025	Franks Pizza
	Amount (\$) \$160.00	Payee address; City; State; Zip Code 417 Travis St
		Houston, TX 77002-1807
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Jury
	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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/32 Rpt: 42/66	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	01/02/2025	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.50	P.O. Box 1315
		Houston, TX 77251-1315
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  Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	02/03/2025	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.50	P.O. Box 1315
	Ψ21.30	F.O. Box 1313
		Houston, TV 77251 1215
		Houston, TX 77251-1315
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
		Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	03/03/2025	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.50	P.O. Box 1315
		Houston, TX 77251-1315
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fees
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/Ol	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 Com Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal	vards/Memorials Expe Services nstruction Guide (	nse Printing E Salaries/V explains how to co	Vages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	above)
1	Total pages Schedule F1:	12	EII ED NAME					٦,	Filer ID	(Ethics Commi	ecion Eilere)
_		-		Proughlo (The	Lanorabla)			٦	00080005	(Earlos Commi	3310111 11013)
	Sch: 12/32 Rpt: 43/66	╙	Hawkins, Krister	i braucille (Trie	- Horiorable)				00060005		
4	Date	5	Payee name								
	04/02/2025		Frost Bank								
6	Amount (\$)	7	Payee address;	City;	State; Zip Co	ode					
	\$27.50		P.O. Box 1315	· · ·	, ,						
	Ψ21.00		1 101 Box 1010								
			Houston, TX 772	251-1315							
8	PURPOSE	(a)	Category (See Cate	gories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		Fees				Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	LAFLINDITORL						<b>—</b>	ı, TX	, officeholder living	j expense	
							Fees				
9	Complete ONLY if direct		Candidate/Officehol	der name	Office sou	ight			Office he	eld	
	expenditure to benefit C/OI	Н									
	Date	Π	Payee name								
	05/02/2025		Frost Bank								
_		╀		City	Ctata: 7in Ca						
	Amount (\$)		Payee address;	City;	State; Zip Co	oue					
	\$27.50		P.O. Box 1315								
			Houston, TX 772	251-1315							
	PURPOSE	(a)	Category (See Cate	gories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		Fees	g			Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check if Austin	, TX	, officeholder living	j expense	
							Fees				
	Complete ONLY if direct	. (	Candidate/Officehol	der name	Office sou	ight			Office he	eld	
	expenditure to benefit C/OI	Н									
	Date	Т	Payee name								
	06/02/2025		Frost Bank								
	Amount (\$)		Payee address;	City;	State; Zip Co	ode					
	\$27.50		P.O. Box 1315								
			Houston, TX 772	251-1315							
	PURPOSE	(a)	Category (See Cate	gories listed at the ton	of this schedule)	(b)	Description				
	OF	`´	Fees	gories iisted at the top	or this seriedate)	<u> </u> `´		outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check if Austin	, TX	, officeholder living	j expense	
							Fees				
	Complete ONLY if direct		Candidate/Officehol	der name	Office sou	ight			Office he	eld	
	expenditure to benefit C/OI	Н									

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense 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/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: 13/32 Rpt: 44/66	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	03/03/2025	Grammarly
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$153.50	548 Market St.
		San Francisco, CA 94104
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  Software
		Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
H	Date	Payee name
	03/27/2025	HBAD
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	5300 Griggs Rd
	Ψ100.00	3300 Griggs Nu
		Houston, TX 77021
L	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Contributions/Donations Made Ry
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/27/2025	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 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
		Subscription
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
I		

#### 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	
_		
1	Total pages Schedule F1: Sch: 14/32 Rpt: 45/66	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080005
4	Date	5. Dougo namo
4	02/24/2025	5 Payee name Houston Chronicle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$97.95	4747 Southwest Fwy
	, , , , , , , , , , , , , , , , , , , ,	,
		W - TV 77007
		Houston, TX 77027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
<b>–</b>	Date	Payoo namo
		Payee name
	03/24/2025	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.95	4747 Southwest Fwy
		Houston, TX 77027
		In-
	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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Oi	
	Date	Payee name
	04/21/2025	Houston Chronicle
H	Amount (\$)	Payee address; City; State; Zip Code
	\$97.95	
	Ф97.95	4747 Southwest Fwy
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Subscription
	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 Contributions/ Expendent/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

	Constituting Expense  Contributions/ Donations Made By  Candidate/Officeholder/Politica  Credit Card Payment	Gift/Awards/Memorials Expense Printing Ex Legal Services Salaries/W  The Instruction Guide explains how to cor	pense 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: 15/32 Rpt: 46/66	Hawkins, Kristen Brauchle (The Honorable)		00080005			
4	Date	5 Payee name		•			
	05/19/2025	Houston Chronicle					
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de				
	\$122.90	4747 Southwest Fwy					
		Houston, TX 77027					
8	PURPOSE OF	c , (con amagement mane top or the constant)	(b)	Description			
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
				Subscription			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held			
	Date	Payee name					
	06/17/2025	Houston Chronicle					
	Amount (\$)	Payee address; City; State; Zip Coo	de				
	\$109.00	4747 Southwest Fwy					
		ŕ					
		Houston, TX 77027					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Office Overhead/Rental Expense	ļ	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 sou	ght	Office held			
	expenditure to benefit C/OI	•	,				
H	Date	Payee name					
	06/17/2025	Houston LGBT Caucus PAC					
	Amount (\$)	Payee address; City; State; Zip Coo	de				
	\$40.00	P.O. Box 66664					
		Houston, TX 77266-6664					
	PURPOSE OF	,	(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/Onicendide//Folitical Committee	ı	Donation			
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held			
	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

rsement Solicitation/Fundraising Expense

xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Labor OTHER (enter a category not listed above)

	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: 16/32 Rpt: 47/66	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	04/07/2025	Houston Lawyers Association Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 300009
		Houston, TX 77230-0009
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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/21/2025	Hover.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$168.03	96 Mowat Ave
		Toronto ON M6K3M1 Canada
	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  Software
		Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/22/2025	Hover.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$168.03	96 Mowat Ave
		Toronto ON M6K3M1 Canada
	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
		Software
	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 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 Credit Card Payment		, , , , , , , , , , , , , , , , , , , ,
Ļ	T		<del></del>
¹	, -	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/32 Rpt: 48/66	Hawkins, Kristen Brauchle (The Honorable)	00080005
4	Date	5 Payee name	-
	06/24/2025	Hover.com	
┢	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$18.67	96 Mowat Ave	
l	Φ10.07	90 Mowat Ave	
l			
l		Toronto ON M6K3M1 Canada	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De:	scription
	OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·   🗖	Check if Austin, TX, officeholder living expense
		So	ftware
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
⊨	Date	Davis and the second	
l		Payee name	
L	02/03/2025	JW Marriot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$796.74	110 E 2nd S	
		Austin, TX 78701	
┝	PURPOSE		
l	OF	, ,	Scription Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Travel Out of District	Check if Austin, TX, officeholder living expense
		Ho	otel for conference
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
l	expenditure to benefit C/OI	<u> </u>	Office field
L			
l	Date	Payee name	
	01/07/2025	La Palapa Downtown	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$151.29	1110 Preston St	
l			
l		Houston, TX 77002	
	PURPOSE OF		scription
l	EXPENDITURE	1 000/Develage Expense	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense eakfast for court staff
		DIG	Editast for Court Staff
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			
Γ			
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#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Poli Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1:	
	Sch: 18/32 Rpt: 49/66	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	02/27/2025	La Palapa Downtown
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$73.66	1110 Preston St
		Houston, TX 77002
8	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
		Breakfast for court staff
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientale to beliefft G/Of	·
	Date	Payee name
L	02/12/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.99	185 Berry St.
		San Francisco, CA 94107
	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  Rideshare
		Muesnaie
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Daylee name
	02/12/2025	Payee name Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.73	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.
		Check if Austin, TX, officeholder living expense
		Rideshare
	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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 19/32 Rpt: 50/66	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)  3 Filer ID (Ethics Commission Filers) 00080005
4	Date 02/13/2025	5 Payee name Lyft
6	Amount (\$) \$20.35	7 Payee address; City; State; Zip Code 185 Berry St.  San Francisco, CA 94107
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rideshare
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/13/2025	Payee name Lyft
	Amount (\$) \$16.81	Payee address; City; State; Zip Code  185 Berry St.  San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(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.  Check if Austin, TX, officeholder living expense  Rideshare
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/19/2025	Payee name Lyft
	Amount (\$) \$32.21	Payee address; City; State; Zip Code  185 Berry St.
		San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Rideshare
	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 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 this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 20/32 Rpt: 51/66	Hawkins, Kristen Brauchle (The Honorable)	00080005
4	Date	5 Payee name	
	04/30/2025	Michael's Cookie Jar	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$58.24	5330 Weslayan St.	
		Houston, TX 77005	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 dod/Beverage Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		,	Agnes & Strake Jesuit Mock Trial
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	01/03/2025	NGPVAN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$266.50	1445 New York Ave NW	
		Ste 200	
		Washington, DC 20005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	onice overneda/Nental Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Database	3-1
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/05/2025	NGPVAN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$559.66	1445 New York Ave NW	
		Ste 200	
		Washington, DC 20005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Nertal Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Database	The concentration of the conce
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 21/32 Rpt: 52/66	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080005
		· · · · · · · · · · · · · · · · · · ·
4	Date 04/03/2025	5 Payee name NGPVAN
6	Amount (\$) \$279.83	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005
8	PURPOSE 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  Database
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/05/2025	NGPVAN
	Amount (\$) \$279.83	Payee address; City; State; Zip Code  1445 New York Ave NW  Ste 200  Washington, DC 20005
	PURPOSE 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  Database
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/04/2025	Payee name NGPVAN
	Amount (\$) \$279.83	Payee address; City; State; Zip Code  1445 New York Ave NW  Ste 200  Washington, DC 20005
	PURPOSE 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  Database
	Complete ONLY 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 -Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTLED (control of expense and listed above)

	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: 22/32 Rpt: 53/66	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
L	04/29/2025	National Association of Women Judges
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	1341 Connecticut Ave., NW
		Washington, DC 20036-1836
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  Membership fees
		Wichibership ices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/02/2025	National Association of Women Judges
H	Amount (\$)	Payee address; City; State; Zip Code
	\$263.76	1341 Connecticut Ave., NW
		Washington, DC 20036-1836
	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
		Membership fees
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
F	Date	Payee name
	01/13/2025	New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.60	620 Eighth Avenue.
		New York, NY 10018
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Subscription
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
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#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Com	ımittee I	Gift/Awards/Memoria Legal Services			ages.	/Contract Labor		Travel Out of D OTHER (enter	ostrict a category not listed above)
				The Instruction (	Guide explains	how to cor	mple	te this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 23/32 Rpt: 54/66		Hawkins, Kri	sten Brauchle	(The Honor	rable)				00080005	
4	Date	5	Payee name								
L	02/10/2025		New York Ti	mes							
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de				
	\$75.60		620 Eighth A	venue.							
			New York, N	Y 10018							
8	PURPOSE	(a)	Category (Se	e Categories listed at	t the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE			ead/Rental E		·		=			mplete Schedule T.
	LAI LINDITORL							_	, TX,	officeholder livin	ng expense
								Subscription			
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	(	Office sou	ght			Office h	neld
	CAPETIGITUTE TO DETICITE C/OI	''									
	Date		Payee name								
	03/10/2025		New York Ti	mes							
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de				
	\$84.24		620 Eighth A	venue.							
			New York, N	Y 10018							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Office Overh	ead/Rental E	xpense			<b>-</b>			mplete Schedule T.
								Subscription	, IX,	officeholder livin	ig experise
								Cabbonphon			
$\vdash$	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	nht			Office h	neld
	expenditure to benefit C/OI		andidate/Offic	Choldel Hallie	,	omee sou(	giit			Office	ICIU
<b> </b>	Data										
	Date	ı	Payee name								
	04/07/2025	-	New York Ti								
	Amount (\$)	ı	Payee addres		State	; Zip Co	de				
	\$84.24		620 Eighth A	venue.							
			New York, N	Y 10018							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Office Overh	ead/Rental E	xpense			브			mplete Schedule T.
	- <del>-</del>								, FX,	officeholder livin	ng expense
								Subscription			
	Complete ONLY if allowed	$reve{}$	andidata (Off.	obolder :=		Office	ab.			Off: !	aold
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	(	Office sou	ynt			Office h	ieiu
	, , , , , , , , , , , , , , , , , , , ,										
_											

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Printing Salarie	-	se s/Contract Labor		Travel in District Travel Out of Dist OTHER (enter a d	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
L	Sch: 24/32 Rpt: 55/66	Hawkins, K	risten Brauchle (The H	lonorable)				00080005	
4	Date	5 Payee name				•			
	05/05/2025	New York 7							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip (	Code				
	\$84.24	620 Eighth	Avenue.						
		New York,	NY 10018						
8	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF		head/Rental Expense	uno soricadic)	` `		outsid	le of Texas. Comp	olete Schedule T.
	EXPENDITURE		·			ш	, TX, (	officeholder living	expense
						Subscription			
9	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office so	ought			Office he	ld
	Date	Payee name							
	06/02/2025	New York 1	imes						
	Amount (\$)	Payee addre	ss; City;	State; Zip (	Code				
	\$84.24	620 Eighth	Avenue.						
		New York,	NY 10018						
	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE		head/Rental Expense	,		_		le of Texas. Comp	
	EXI ENDITORE						, TX, (	officeholder living	expense
						Subscription			
	Complete ONII V if direct	Condidate/Off	inchalder norse	O#:				Off: !	Id
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office so	bugnt			Office he	ılu
L									
	Date	Payee name							
	06/30/2025	New York 1							
	Amount (\$)	Payee addre		State; Zip (	Code				
	\$84.24	620 Eighth	Avenue.						
		New York,	NY 10018						
	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE		head/Rental Expense					le of Texas. Comp	
	EM EMBITORE					_	, TX, (	officeholder living	expense
						Subscription			
	Complete ONLY if direct	CandidatalOff	icoholdor nama	Office	nuap+			Office he	ld.
	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office so	Jugni			Onice ne	iu
	•								

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			Legal Services	is expense	Salaries/M		se s/Contract Labor		OTHER (enter a	istrict a category not listed	above)
Credit Card Payment			The Instruction (	Guide explains l	how to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 25/32 Rpt: 56/66		Hawkins, Kr	isten Brauchle	(The Honor	able)				00080005		
4	Date	5	Payee name					•	_			
	03/05/2025		Niko Nikos									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$590.87		2520 Montro	ose Blvd								
			Houston, TX	77006								
8	PURPOSE	(a)	Category (se	e Categories listed a	the ten of this cohe	adula)	(b)	Description				
	OF			age Expense	title top of trils scri	euule)	( - ,	_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			3 1				_		officeholder livin	g expense	
								Judges Lunch	h			
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	Date	ı	Payee name									
	02/14/2025		Omni Royal	Orleans								
	Amount (\$)	I	Payee addres	, ,,	State;	Zip Co	de					
	\$327.73		621 St. Loui	s St.								
			New Orlean	s, LA 70130								
	PURPOSE	(a)	Category (Se	e Categories listed a	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out o	of District				_		de of Texas. Con officeholder livin	nplete Schedule T.	
								Hotel for CLE		oniceriolaer livin	y expense	
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					-					
	Date	Г	Payee name									
	01/02/2025	ı	Paragon									
	Amount (\$)	_	Payee addres	ss; City;	State:	Zip Co	de					
	\$38.14	ı	1505 N Hyd	-	,							
		I	Ste. 110									
		I		PA 15257-000	1							
	PURPOSE	<b>.</b> .					(h)	Description				
	OF	ı	Fees	e Categories listed a	tne top of this sch	eaule)	(2)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		. 000							officeholder livin	g expense	
								Processing fe	es			
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Office	ceholder name	C	Office sou	ght			Office h	eld	
	experientare to beliefft G/OI	•										

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission						
- :	Filers)					
Sch: 26/32 Rpt: 57/66 Hawkins, Kristen Brauchle (The Honorable) 00080005						
4 Date 5 Payee name						
02/03/2025 Paragon						
6 Amount (\$) 7 Payee address; City; State; Zip Code						
\$2,341.34 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 Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE Check if Austin, TX, officeholder living expense						
Processing fees						
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
Date Payee name						
03/03/2025 Paragon						
Amount (\$) Payee address; City; State; Zip Code						
\$1,742.09 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 FEES Check if travel outside of Texas. Complete Schedule T.						
Check if Austin, TX, officeholder living expense						
Processing fees						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH						
Date Payee name						
04/02/2025 Paragon						
Amount (\$) Payee address; City; State; Zip Code						
\$1,712.71   1505 N Hydin Rd.						
Ste. 110						
Pittsburgh, PA 15257-0001						
OF Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE Check if Austin, TX, officeholder living expense						
Processing fees						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH						

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 27/32 Rpt: 58/66	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080005
4	Date 05/02/2025	5 Payee name Paragon	
6	Amount (\$) \$35.25	7 Payee address; City; State; Zip Code 1505 N Hydin Rd. Ste. 110 Pittsburgh, PA 15257-0001	
8	PURPOSE OF EXPENDITURE	. 555	outside of Texas. Complete Schedule T. n, TX, officeholder living expense eeS
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 06/02/2025	Payee name Paragon	
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 1505 N Hydin Rd. Ste. 110 Pittsburgh, PA 15257-0001	
	PURPOSE OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/06/2025	Payee name Perry's Streakhouse	
	Amount (\$) \$2,095.42	Payee address; City; State; Zip Code 199 W, Feay St.	
		Houston, TX 77019	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense OOD and venue
	Complete ONLY 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 Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/32 Rpt: 59/66	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	04/15/2025	South Texas College of Law
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	1303 San Jacinto St
		Houston, TX 77002-7006
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2025	Texas Board of Legal Specialization
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	505 E. Huntland Dr.
	¥ 100.00	Suite 400
		Austin, TX 78752
	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
		Dues
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/31/2025	Texas Board of Legal Specialization
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	505 E. Huntland Dr.
		Suite 400
		Austin, TX 78752
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 29/32 Rpt: 60/66	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	04/16/2025	Texas Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.00	1210 San Antonio
		Suite 800
		Austin, TX 78701
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
		CLE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/23/2025	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1210 San Antonio
		Suite 800
		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
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
	Data	
	Date 01/17/2025	Payee name Toyos Contor for the Judiciany
		Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	1210 San Antonio
		Suite 800
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel published at Taylor Camplete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		CLE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 30/32 Rpt: 61/66	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)  3 Filer ID (Ethics Commission Filers) 00080005
4	Date 01/17/2025	5 Payee name Texas Center for the Judiciary
	Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 1210 San Antonio Suite 800 Austin, TX 78701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  CLE
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/21/2025	Payee name Texas Center for the Judiciary
	Amount (\$) \$35.00	Payee address; City; State; Zip Code  1210 San Antonio  Suite 800  Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  CLE
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/30/2025	Payee name Texas Lyceum
	Amount (\$) \$755.00	Payee address; City; State; Zip Code 6046 Azalea Ln.  Dallas, TX 75230-3406
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	Pol kpense Prii	ling Expens			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 NAM	E				3	Filer ID	(Ethics Commission Filers	,)	
	Sch: 31/32 Rpt: 62/66	Hawkins, k	Kristen Brauchle (T	he Honorable	e)			00080005			
4	Date	5 Payee name									
	02/13/2025	The Napole									
Ļ		·									
6	Amount (\$)	7 Payee addre		State; Zi	p Code						
	\$22.92	500 Chartr	es St								
		New Orlea	ns, LA 70130								
8	PURPOSE	(a) Category (s	See Categories listed at the	ton of this schedule	(b)	Description					
	OF		rage Expense	top or time contention	′   · ·		outsi	de of Texas. Con	nplete Schedule T.		
	EXPENDITURE		3 1			Check if Austin	ı, TX,	officeholder livin	g expense		
						Meal during (	CLE	Ξ.			
9	Complete ONLY if direct		ficeholder name	Office	e sought			Office h	eld		
	expenditure to benefit C/OI	H									
_	Date	Payee name								_	
	02/13/2025	The Vintag									
				Ctata: 7	- Cada						
	Amount (\$)	Payee addre		State; Zi	p Code						
	\$20.85	3121 Maga	azine St								
		New Orlea	ns, LA 70115								
	PURPOSE	(a) Category (S	See Categories listed at the	top of this schedule	(b)	Description					
	OF EXPENDITURE		rage Expense	•		Check if travel	outsi	de of Texas. Con	nplete Schedule T.		
	EXPENDITORE					ш		officeholder livin	g expense		
Meal during CLE											
Complete ONLY if direct Candidate/Officeholder name Office sought Office held											
	expenditure to benefit C/OI	1									
	Date	Payee name									
	06/30/2025	Treebeard'									
		Payee addre		Stata: 7i	n Codo						
	Amount (\$)	315 Travis		State; Zi	p Code						
	\$329.08	315 Havis	Si								
		Houston, T	X 77002								
	PURPOSE	(a) Category (s	See Categories listed at the	top of this schedule	(b)	Description					
	OF EXPENDITURE		rage Expense			_			nplete Schedule T.		
	EXPENDITORE					_		officeholder livin			
						Lunch for Jud	dicia	al staff mee	ting		
	Complete ONLY if direct		ficeholder name	Office	e sought			Office h	eld		
	expenditure to benefit C/OI	Ħ									
Eor	me provided by Tevas F	thios Commiss	ion	w othics state	. tv 110				Version V// 1 0 26f09	2440	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1: Sch: 32/32 Rpt: 63/66	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable)  3 Filer ID (Ethics Commission Filers) 00080005
4	Date	5 Payee name
	05/22/2025	United Airlines
6	Amount (\$) \$206.95	7 Payee address; City; State; Zip Code 233 South Wacker Drive Chicago, IL 60606
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District  X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense NOLA CLE airfare
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/07/2025	Villa Arcos Tacos
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.98	3009 Navigation Blvd
	DUDDOG	Houston, TX 77003
	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
		Campaign meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/12/2025	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$170.46	55 Almaden Blvd.
		San Jose, CA 95113
	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
		Video Conferencing
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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

### SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1			iges Schedule K: 2 Rpt: 64/66	
2	FILER NAME 3 F				r ID	(Ethics Commission F	ilers)
	Hawkins, Kristen Brauchle (The Honorable) 00080				0800	005	
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	01/24/2025	Frost Bank				.,	\$9.99
		6 Address of person from whom amount is received; City; State; Zip Code					•
		Address of person from whom amount is received, City, State, 21p Code					
		Houston , TX 77251-1315					
			الدنة مماندا			hutian naturna ad ta filar	
		Monthly interest	к іі ронис	ai C	OHUH	bution returned to filer	
		Worlding interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	02/25/2025	Frost Bank					\$11.56
		Address of person from whom amount is received; City; State; Zip Code					
		Houston , TX 77251-1315					
		Purpose for which amount is received Chec	k if politic	al c	ontri	bution returned to filer	
		Monthly interest					
	Date	Name of person from whom amount is received			T	Amount (\$)	
							\$10.65
03/24/2025 Frost Bank					Ψ10.00		
		Address of person from whom amount is received; City; State; Zip Code					
		Houston , TX 77251-1315					
			k if politic	al c	ontri	bution returned to filer	
		Monthly interest	k ii politic	ai C	Jilli	bation retained to lile	
		·					
	Date	Name of person from whom amount is received				Amount (\$)	
	04/22/2025	Frost Bank			]		\$11.60
		Address of person from whom amount is received; City; State; Zip Code					
		Houston , TX 77251-1315					
		Purpose for which amount is received	k if politic	al c	ontri	bution returned to filer	
		Monthly interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	05/22/2025	Frost Bank					\$11.87
		Address of person from whom amount is received; City; State; Zip Code					
		Address of person from whom amount is received, exp, etate, Elp code					
		Houston , TX 77251-1315					
			k if politic	al c	ontri	bution returned to filer	
		Monthly interest	in point	ui U	oi iti ii	Sadon returned to mer	
		monary interest					

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

### SCHEDULE K

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	The Instruction Guide explains how to complete this form.  1 Total particular Sch.: 2					
2	FILER NAME 3 Filer ID					on Filers)
	Hawkins, Kri	sten Brauchle (The Honorable)	08000	005		
4	Date	5 Name of person from whom amount is received		8 Amount (\$)		
	05/24/2025	Frost Bank			(+)	\$12.98
		6 Address of person from whom amount is received; City; State; Zip Code				,
		audiess of person from whom amount is received, City, State, 21p Code				
		Houston , TX 77251-1315				
		7 Purpose for which amount is received	olitica	al contr	ibution returned to fil	er
		Monthly interest				
F	Date	Name of person from whom amount is received			Amount (\$)	
	06/03/2025	St. Agnes Academy			, ,	\$378.46
		Address of person from whom amount is received; City; State; Zip Code				
		Address of person from whom amount is received, City, State, 21p code				
		Houston, TX 77036				
			olitica	al contr	l ibution returned to fil	or
		Reimbursement for lunch for St. Agnes mock trial students	JUILLICE	ai conti	ibution returned to in	lei
⊨						
	Date	Name of person from whom amount is received			Amount (\$)	
	03/19/2025	State Bar of Texas				\$300.84
		Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78701				
			olitica	al contr	ibution returned to fil	er
		Reimbursement for teaching at the College for New Judges in Dec. 2024				
Г	Date	Name of person from whom amount is received			Amount (\$)	
	05/21/2025	State Bar of Texas				\$534.18
		Address of person from whom amount is received; City; State; Zip Code				
		, , , , , , , , , , , , , , , , , , ,				
		Austin, TX 78701				
			olitica	al contr	I ibution returned to fil	er
		Reimbursement for teaching at CLE in New Orleans	ontioe	ai 0011ti	ibation rotalinea to in	
⊢						

### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 66/66 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hawkins, Kristen Brauchle (The Honorable) 00080005 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule D Schedule B(J) Schedule C2 Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Hawkins, Kristen (Judge) Departure city or name of departure location 02/12/2025 Houston 9 Destination city or name of destination location 02/13/2025 **New Orleans** 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Teach CLE in New Orleans Commercial Airplane