CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00080284		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Barbara			Date Received ELECTRONICA	ALLY FILED
	NICKNAME	LAST Hawkins		SUFFIX	07/07/2025	
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / P.O. Box 18659	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Receipt #	Amount
ADDRESS Change of Address	San Antonio, TX 78218				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER NAME		FIRST Frances		МІ		
	NICKNAME	LAST Boynes		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 3950 River Falls	BOX PLEASE);	AP	Γ / SUITE #; CITY	; STA	TE; ZIP CODE
(Residence or Business)	San Antonio, TX 78259					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (210) 422-1445	E NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before		Runoff	15th day after car appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
9 PERIOD COVERED	Month Day Year 01/01/2025	ТН	IROUGH	Month Day 06/30/20	Year 25	
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		rimary eneral	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) State Representative Distr	ict 120 Bexar		12 OFFICE SOUGH State Represen	T (if known) tative District 120	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 35

Hawkins, Barbara (TI	ne Honorable)	14 Filer ID (00080284	Ethics Commission Filers)				
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.							
COMMITTEE TYPE	COMMITTEE NAME						
GENERAL							
	COMMITTEE ADDRESS						
SPECIFIC							
	COMMITTEE CAMPAIGN TREASURER NAME						
	COMMITTEE CAMPAIGN TREASURER ADDRE	SS					
			\$ 0.00				
		S)	\$ 0.00				
3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00				
4. TOTAL POLITIC	AL EXPENDITURES		\$ 17,904.85				
		AST DAY OF THE	\$ 0.00				
		OF THE LAST DAY	\$ 0.00				
•			•				
	The Hono	orable Barbara Hawkir	ns				
TARY STAMP / SEAL AB	DVE						
scribed before me, by the s	aid	, this the	day				
icer administering	Printed name of officer administering	Title of officer	administering oath				
	This box is for notice of pandidate / officeholder. consent. Candidates and COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL UNITEMIOR GUARANTEI 2. TOTAL POLITIC (OTHER THAN F.) 3. TOTAL UNITEMIOR GUARANTEI 4. TOTAL POLITIC REPORTING PERIOR OF THE PERIOR OF THE PERIOR OF THE PERIOR OF THE PERIOR	candidate / officeholder. These expenditures may have been made without consent. Candidates and officeholders are required to report this information comment. Candidates and officeholders are required to report this information comment. Candidates and officeholders are required to report this information comment. Candidates and officeholders are required to report this informatic committee the comment of the	This box is for notice of political contributions accepted or political expenditures made by political consent. Candidate / officeholder. These expenditures may have been made without the candidate's or office consent. Candidates and officeholders are required to report this information only if they receive no consent. Candidates and officeholders are required to report this information only if they receive no consent. Candidates and officeholders are required to report this information only if they receive no consent of the				

SUBTOTALS - C/OH COVER SHEET PG 3 3 of 35 FILER NAME Hawkins, Barbara (The Honorable) SCHEDULE SUBTOTALS FORM C/OH COVER SHEET PG 3 3 of 35

0 01 05						
18 FILI	ER NAN wkins,	(Ethics Commission Filers)				
20 SCI NAI	HEDULI ME OF	SUBTOTAL AMOUNT				
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.		SCHEDULE E: LOANS		\$		
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$ 17,904.85		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$		
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 1/32 Rpt: 4/35	Hawkins, Barbara (The Honorable) 00080284	
4	Date	5 Payee name	
	04/08/2025	410 Diner	
6	Amount (\$) \$86.02	7 Payee address; City; State; Zip Code 8315 Broadway San Antonio, TX 78209	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting Lunch	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/03/2025	Apple Inc.	
	Amount (\$) \$10.81	Payee address; City; State; Zip Code PO Box 7247	
		Philidelphia, PA 19170	
	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 Connectivity	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
L	01/27/2025	Apple Inc.	
	Amount (\$) \$9.99	Payee address; City; State; Zip Code PO Box 7247	
		Philidelphia, PA 19170	
	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 Connectivity	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/32 Rpt: 5/35	Hawkins, Barbara (The Honorable)	00080284
4	Date	5 Payee name	
	02/03/2025	Apple Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.81	PO Box 7247	
		Philidelphia, PA 19170	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T.
		Connectivity	TX, officeholder living expense
		Connectivity	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	02/26/2025	Apple Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.99	PO Box 7247	
	, , , , ,		
		Philidelphia, PA 19170	
	PURPOSE	(6) 0	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel (outside of Texas. Complete Schedule T.
	EXPENDITURE	1003	TX, officeholder living expense
		Connectivity	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experiditure to benefit C/Or	1	
	Date	Payee name	
	03/03/2025	Apple Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.81	PO Box 7247	
		Philidelphia, PA 19170	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1003	outside of Texas. Complete Schedule T.
		Check if Austin Connectivity	TX, officeholder living expense
		Connectivity	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Onioc riciu
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/32 Rpt: 6/35	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	03/27/2025	Apple Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	PO Box 7247
		Philidelphia, PA 19170
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Connectivity
Ļ	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/28/2025	Apple Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	PO Box 7247
		Philidelphia, PA 19170
	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
		Connectivity
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/02/2025	Apple Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.81	PO Box 7247
		Philidelphia, PA 19170
-	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
		Connectivity
L	0 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/32 Rpt: 7/35	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	05/27/2025	Apple Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	PO Box 7247
		Philidelphia, PA 19170
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Connectivity
Ļ	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	Apple Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.81	PO Box 7247
		Philidelphia, PA 19170
	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
		Connectivity
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/26/2025	Apple Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	PO Box 7247
		Philidelphia, PA 19170
	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
		Connectivity
L	0 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/32 Rpt: 8/35	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	04/02/2025	Apple Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.81	PO Box 7247
		Philidelphia, PA 19170
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Connectivity
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	04/09/2025	Apple Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	PO Box 7247
		Philidelphia, PA 19170
	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
		Connectivity
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/21/2025	Big Country
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.32	24457 Boerne Stage Rd
		San Antonio, TX 78255
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gas
L	0 1. 2	
	Complete <u>ONLY</u> 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

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

	Credit Card Payment		The Instruction Guide explains how to co	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/32 Rpt: 9/35		Hawkins, Barbara (The Honorable)		00080284
4	Date	5	Payee name		
	02/19/2025		Big Country		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$43.96		24457 Boerne Stage Rd		
			San Antonio, TX 78255		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Travel In District		Check if travel outside of Texas. Complete Schedule T.
	-				Check if Austin, TX, officeholder living expense Gas
					Cus
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	uaht	Office held
ľ	expenditure to benefit C/O		Sandiació, em conocidor marine	agiit	Since Hold
_	Date	Т	Payee name		
	03/04/2025		Big Country		
_	Amount (\$)	⊢	Payee address; City; State; Zip Co	ode	
	\$35.46		24457 Boerne Stage Rd	ouc	
	Ψ00.40		24407 Boeine Glage Na		
			San Antonio, TX 78255		
	DUDDOCE	(2)		(1-)	N =
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) Travel In District	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Traver in district		Check if Austin, TX, officeholder living expense
					Gas
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/O	П			
	Date		Payee name		
	03/21/2025		Big Country		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$47.76		24457 Boerne Stage Rd		
			San Antonio, TX 78255		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Travel In District		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Gas
					Gas
	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office sou	uaht	Office held
	expenditure to benefit C/O		Sandidate/Sinderiolaer Harne	agiit	. Office Hold

SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/32 Rpt: 10/35	Hawkins, Barbara (The Honorable)	00080284
4	Date	5 Payee name	
	04/29/2025	Big Country	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$42.80	24457 Boerne Stage Rd	
		San Antonio, TX 78255	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Haver in District	outside of Texas. Complete Schedule T.
		I — I —	TX, officeholder living expense
		Gas	
<u> </u>	0 1. 0		000
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	05/13/2025	Big Country	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$44.16	24457 Boerne Stage Rd	
		San Antonio, TX 78255	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITORE	l	TX, officeholder living expense
		Gas	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
L	04/01/2025	Big Country	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.15	24457 Boerne Stage Rd	
		San Antonio, TX 78255	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District	outside of Texas. Complete Schedule T.
	TAI LIADITORE		TX, officeholder living expense
		Gas	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	oxpenditure to beliefft C/Of		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/32 Rpt: 11/35	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	04/22/2025	Big Country
6	Amount (\$) \$41.35	7 Payee address; City; State; Zip Code 24457 Boerne Stage Rd San Antonio, TX 78255
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 Gas
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/29/2025	Capitol Giftshop
	Amount (\$) \$1,248.12	Payee address; City; State; Zip Code 1100 Congress Ave Austin, TX 78701
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gifts for outstanding students at Judson High School
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/01/2025	Capitol Grill
	Amount (\$) \$6.77	Payee address; City; State; Zip Code 1100 Congress Ave
		Austin, TX 78701
	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 Office Coffee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/32 Rpt: 12/35 Hawkins, Barbara (The Honorable) 00080284 4 Date Payee name 05/07/2025 Capitol Grill 6 Amount (\$) Payee address; State; Zip Code \$67.33 1100 Congress Ave Austin, TX 78701 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. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/21/2025 Capitol Grill Amount (\$) Payee address; City; State; Zip Code \$6.68 1100 Congress Ave Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Coffee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/31/2025 Capitol Grill Amount (\$) Payee address; City: State; Zip Code \$8.04 1100 Congress Ave Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Coffee 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 Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/32 Rpt: 13/35	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	03/13/2025	Capitol Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.65	823 Congress
		Austin, TX 78701
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 Parking fees
		Taking 1663
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	01/01/2025	Chef Don's
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,395.00	13827 Villa Camino
		San Antonio, TX 78233
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Community Breakfast at District Office
		Community Broaklast at Bistriot Office
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/09/2025	Chevon Gas Station
	Amount (\$)	
	\$50.75	Payee address; City; State; Zip Code 5002 Eisenhauer Rd
	φ50.75	5002 Eiseililauei Ru
		O A TV 70040
		San Antonio, TX 78218
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gas
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

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

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

	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: 11/32 Rpt: 14/35	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	03/25/2025	Chevon Gas Station
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.10	5002 Eisenhauer Rd
		San Antonio, TX 78218
8	PURPOSE	
0	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/25/2025	Chevon Gas Station
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.86	5002 Eisenhauer Rd
	400.00	
		San Antonio, TX 78218
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/21/2025	China Sun Restrurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.53	407 Naco Perrin
		San Antonio, TX 78217
	PURPOSE	<u> </u>
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dinner meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/32 Rpt: 15/35	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	02/06/2025	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.20	4646 Rittiman Rd
		San Antonio, TX 78209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas
		Sus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	06/02/2025	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.56	4646 Rittiman Rd
		San Antonio, TX 78209
	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.
	EA EIBITE.	Check if Austin, TX, officeholder living expense Gas - Shertz
		Gas - Sheriz
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	04/07/2025	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.70	4646 Rittiman Rd
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Gas
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/32 Rpt: 16/35	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
l	04/21/2025	City of San Antonio - KIOSK
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$36.00	115 Plaza de Amas
l		
l		San Antonio, TX 78217
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialture to beliefit C/OI	<u>'</u>
Г	Date	Payee name
l	01/06/2025	Cleaning Ideals
	Amount (\$)	Payee address; City; State; Zip Code
l	\$114.73	1308 Austin HWY
		San Antonio, TX 78209
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office supplies
l	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Cleaning materials
┡	Complete ONLY if direct	Condidate/Officeholder name
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨		
l	Date	Payee name
	02/11/2025	Costco
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$129.88	5611 UTSA Blvd.
l		
		San Antonio, TX 78229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Area heater
		7 wou floater
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/32 Rpt: 17/35	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	02/03/2025	Dickerson, Amari (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$720.00	467 Edna Ave
		San Antonio, TX 78220
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Support
		Cinido dapport
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/10/2025	Dickerson, Amari (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$735.00	467 Edna Ave
	,	
		San Antonio, TX 78220
	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
		Office support
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
	Data	
	Date 04/08/2025	Payee name Dickerson, Amari (Mr.)
	Amount (\$) \$818.00	Payee address; City; State; Zip Code 467 Edna Ave
	Ψ010.00	407 Luna Ave
		San Antonio, TX 78220
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Monthly stipend
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit C/O	<u>'</u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card i dyment	The Instruction Guide explains how to cor	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/32 Rpt: 18/35	Hawkins, Barbara (The Honorable)		00080284
4	Date	5 Payee name		•
	03/10/2025	Dominos Pizza		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$100.69	24291 I-10 West		
		San Antonio, TX 78257		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Event for youth
_	Complete ONLY if direct	Condidate/Office helder no me	la. 4	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ynı	Office held
_				
	Date	Payee name		
	01/06/2025	Eddie V's		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$407.12	301 E 5th St.		
		Austin, TX 78701		
	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
				Staff Meeting
				3
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O			
_	Date	Payee name		
	01/15/2025	Exxon Mobil		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$52.21	2041 N I-H 35 Frontage Rd		
	**			
		San Marcus, TX 78666		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				Gas
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/Ol	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/32 Rpt: 19/35	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	01/27/2025	Fair Mart
6	` '	7 Payee address; City; State; Zip Code
	\$52.74	2315 NW Military Dr.
		San Antonio, TX 78231
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/11/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.83	1520 Austin HWy
		San Antonio, TX 78218
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	03/24/2025	Havrda, Melissa
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 839966
		San Antonio, TX 78283
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Donation Check if travel outside of Texas. Complete Schedule T.
	_	Check if Austin, TX, officeholder living expense Campaign support
		Campaign support
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/32 Rpt: 20/35	Hawkins, Barbara (The Honorable)	00080284
4	Date	5 Payee name	
	01/13/2025	Jimmy John	
6	Amount (\$) \$21.81	7 Payee address; City; State; Zip Code 1455 Austin Hwy San Antonio, TX 78218	
8	PURPOSE OF EXPENDITURE	1 000/Beverage Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	02/18/2025	Jimmy John	
	Amount (\$) \$35.77	Payee address; City; State; Zip Code 1455 Austin Hwy	
		San Antonio, TX 78218	
	PURPOSE OF EXPENDITURE	1 000/Deverage Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 04/14/2025	Payee name Jimmy John	
	Amount (\$) \$19.98	Payee address; City; State; Zip Code 1455 Austin Hwy	
		San Antonio, TX 78218	
	PURPOSE OF EXPENDITURE	Toda/Beverage Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense eting
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/32 Rpt: 21/35	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	01/06/2025	Kim Tran Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.07	1015 Rittiman
		San Antonio, TX 78218
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Lunch
		Stati Euron
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Dougo nama
	02/19/2025	Payee name Kim Tran Restaurant
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.07	1015 Rittiman
		San Antonio, TX 78218
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch meeting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
H	Date	Power name
	04/09/2025	Payee name Legislative Study Group
	Amount (\$) \$1,030.00	
	\$1,030.00	1100 S Congress Ave
		A . () TV 70704 4700
		Austin, TX 78704-1728
	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
		Bill Analysis
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Travel in District Printing Expense Salaries/Wages/Contract Labor 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 19/32 Rpt: 22/35	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
l	03/10/2025	McDonalds
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$4.06	1450 Austin Hwy
l		
		San Antonio, TX 78209
8	PURPOSE	
ľ	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.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Meeting Coffee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
l	06/02/2025	McDonalds
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$9.08	1450 Austin Hwy
l		
		San Antonio, TX 78209
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Lunch meeting
L		
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	<u>'</u>	
l	Date	Payee name
	02/12/2025	NAACP
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$300.00	2803 E. Commerce
l		
l		San Antonio, TX 78203
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Event Sponsor
		Event Sponsor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	nplete	this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	_
	Sch: 20/32 Rpt: 23/35	Hawkins, Barbara (The Honorable)		00080284	
4	Date	5 Payee name		•	
	06/06/2025	Network for Good - DC			
6	Amount (\$)	7 Payee address; City; State; Zip Co	de		
	\$1,030.00	655 15th St., Ste #650			
		Washington, DC 20005			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription	
	OF EXPENDITURE	Donation		Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORE		Ĕ	Check if Austin, TX, officeholder living expense	
			D	onation	
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	nht.	Office held	_
9	expenditure to benefit C/O		JIIL	Office field	
_					_
	Date	Payee name			
	06/30/2025	Panero Bread			
	Amount (\$)	Payee address; City; State; Zip Co	de		
	\$49.11	3400 Sky Harbor Blvd			
		Phoenix, AZ 85040			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription	
				Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Food/Beverage Expense		<u> </u>	
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense	
		Food/Beverage Expense		<u> </u>	
	EXPENDITURE			Check if Austin, TX, officeholder living expense inner meeting	
		Candidate/Officeholder name Office sou		Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou		Check if Austin, TX, officeholder living expense inner meeting	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou		Check if Austin, TX, officeholder living expense inner meeting	
_	Complete ONLY if direct expenditure to benefit C/OhDate 03/03/2025	Candidate/Officeholder name Office sou Payee name Papa Nachos Cantina	ght	Check if Austin, TX, officeholder living expense inner meeting	
_	Complete ONLY if direct expenditure to benefit C/OFDate 03/03/2025 Amount (\$)	Candidate/Officeholder name Payee name Papa Nachos Cantina Payee address; City; State; Zip Co	ght	Check if Austin, TX, officeholder living expense inner meeting	
_	Complete ONLY if direct expenditure to benefit C/OhDate 03/03/2025	Candidate/Officeholder name Office sou Payee name Papa Nachos Cantina	ght	Check if Austin, TX, officeholder living expense inner meeting	
_	Complete ONLY if direct expenditure to benefit C/OFDate 03/03/2025 Amount (\$)	Candidate/Officeholder name Payee name Papa Nachos Cantina Payee address; City; State; Zip Co 24145 I-10 West	ght	Check if Austin, TX, officeholder living expense inner meeting	
	Complete ONLY if direct expenditure to benefit C/OFDate 03/03/2025 Amount (\$)	Candidate/Officeholder name Payee name Papa Nachos Cantina Payee address; City; State; Zip Co	ght	Check if Austin, TX, officeholder living expense inner meeting	
	Complete ONLY if direct expenditure to benefit C/Ol Date 03/03/2025 Amount (\$) PURPOSE	Candidate/Officeholder name Payee name Papa Nachos Cantina Payee address; City; State; Zip Co 24145 I-10 West San Antonio, TX 78257 (a) Category (See Categories listed at the top of this schedule)	ght	Check if Austin, TX, officeholder living expense inner meeting Office held escription	
	Complete ONLY if direct expenditure to benefit C/OFDate 03/03/2025 Amount (\$) \$73.10	Candidate/Officeholder name Payee name Papa Nachos Cantina Payee address; City; State; Zip Co 24145 I-10 West San Antonio, TX 78257	ght	Check if Austin, TX, officeholder living expense inner meeting Office held escription Check if travel outside of Texas. Complete Schedule T.	
	Complete ONLY if direct expenditure to benefit C/OFDate 03/03/2025 Amount (\$) \$73.10	Candidate/Officeholder name Payee name Papa Nachos Cantina Payee address; City; State; Zip Co 24145 I-10 West San Antonio, TX 78257 (a) Category (See Categories listed at the top of this schedule)	ght de	Check if Austin, TX, officeholder living expense inner meeting Office held escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OFDate 03/03/2025 Amount (\$) \$73.10	Candidate/Officeholder name Payee name Papa Nachos Cantina Payee address; City; State; Zip Co 24145 I-10 West San Antonio, TX 78257 (a) Category (See Categories listed at the top of this schedule)	ght de	Check if Austin, TX, officeholder living expense inner meeting Office held escription Check if travel outside of Texas. Complete Schedule T.	
	Complete ONLY if direct expenditure to benefit C/OFDate 03/03/2025 Amount (\$) \$73.10 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name Papa Nachos Cantina Payee address; City; State; Zip Co 24145 I-10 West San Antonio, TX 78257 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	de (b) Do	Check if Austin, TX, officeholder living expense inner meeting Office held escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense leeting	
	Complete ONLY if direct expenditure to benefit C/OFDate 03/03/2025 Amount (\$) \$73.10	Candidate/Officeholder name Payee name Papa Nachos Cantina Payee address; City; State; Zip Co 24145 I-10 West San Antonio, TX 78257 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sou	de (b) Do	Check if Austin, TX, officeholder living expense inner meeting Office held escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF Date 03/03/2025 Amount (\$) \$73.10 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name Papa Nachos Cantina Payee address; City; State; Zip Co 24145 I-10 West San Antonio, TX 78257 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sou	de (b) Do	Check if Austin, TX, officeholder living expense inner meeting Office held escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense leeting	
	Complete ONLY if direct expenditure to benefit C/OF Date 03/03/2025 Amount (\$) \$73.10 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name Papa Nachos Cantina Payee address; City; State; Zip Co 24145 I-10 West San Antonio, TX 78257 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sou	de (b) Do	Check if Austin, TX, officeholder living expense inner meeting Office held escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense leeting	

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			Git/Awards/Memoria Legal Services	als Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	a category not listed a	above)
	Credit Card Payment			The Instruction	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 21/32 Rpt: 24/35		Hawkins, Ba	arbara (The H	onorable)					00080284		
4	Date	5	Payee name									
	04/14/2025		Pappadeaux	<								
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	nde					
ľ	\$198.77	ľ	15715 I-H 10		Olaic	, <u>Lip</u> 00	uo					
	4200											
			Can Antonia	TV 702E7								
Ļ			San Antonio									
8	PURPOSE OF	(a)		e Categories listed a	t the top of this sc	hedule)	(b)	Description		df.T O	andata Cabadada T	
	EXPENDITURE		Food/Bevera	age Expense						officeholder livin	nplete Schedule T. a expense	
								Dinner Meetir			3 - 1	
									•			
9	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
H	Date		Payee name									
	04/14/2025		Photographi	c Design								
_	Amount (\$)		Payee addres		State	e; Zip Co	nde					
	\$549.00		1100 Congre			., _,						
	40.000											
			Austin, TX 7	9701								
	DUDDOCE	(0)					(b)	5				
	PURPOSE OF	(a)		e Categories listed a	t the top of this sc	hedule)	(D)	Description Check if travel of	nutsi	de of Texas, Con	nplete Schedule T.	
	EXPENDITURE		Fees					=		officeholder livin		
								Payment for o	сар	itol membe	r picture	
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/24/2025		Redlands G	rill								
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$232.33		17422 Fiesta	a TX Dr								
			San Antonio	, TX 78256								
	PURPOSE	(a)	Category (Se	e Categories listed a	t the ton of this sc	hedule)	(b)	Description				
	OF EXPENDITURE			age Expense		,			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE								, TX,	officeholder livin	g expense	
								Meeting				
_	Operation ONE V. C. P.	L_	2			Ott: -				6‴ :	-1-1	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	cenoider name		Office sou	ght			Office h	eia	

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

l	Credit Card Payment	The Instruction Guide explains how to co	nplete thi	s form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Fi	lers)
	Sch: 22/32 Rpt: 25/35	Hawkins, Barbara (The Honorable)		00080284	
4	Date	5 Payee name			
	01/31/2025	SA Chapter of Links			
6	Amount (\$)	7 Payee address; City; State; Zip Co	de		
	\$650.00	PO Box 450312			
		San Antonio, TX 78246			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	cription	
	OF EXPENDITURE	Fees		heck if travel outside of Texas. Complete Schedule T.	
			∐ ^C Sup	heck if Austin, TX, officeholder living expense	
			Оир	port	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıht	Office held	
ľ	expenditure to benefit C/O		,		
H	Date	Payee name			
	03/21/2025	SQ Famous Famiglia			
_	Amount (\$)	Payee address; City; State; Zip Co	10		
	\$20.94	9800 Airport Blvd.	ic .		
	Ψ20.54	3000 / Airport Biva.			
		San Antonio, TX 78216			
	DUDDOCE		/b) =		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	Cription heck if travel outside of Texas. Complete Schedule T.	
			I IC		
	EXPENDITURE	Food/Beverage Expense		heck if Austin, TX, officeholder living expense	
	EXPENDITURE	Food/Beverage Expense			
	EXPENDITURE	Food/Beverage Expense	□c		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	∐ c Lune		
		Candidate/Officeholder name Office sou	∐ c Lune	ch	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	∐ c Lune	ch	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	∐ c Lune	ch	
_	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soul	Lund	ch	
_	Complete ONLY if direct expenditure to benefit C/OlDate 03/10/2025	Candidate/Officeholder name Office soul Payee name Shell Oil Station	Lund	ch	
_	Complete ONLY if direct expenditure to benefit C/OFDate 03/10/2025 Amount (\$)	Candidate/Officeholder name Payee name Shell Oil Station Payee address; City; State; Zip Co	Lund	ch	
_	Complete ONLY if direct expenditure to benefit C/OFDate 03/10/2025 Amount (\$)	Candidate/Officeholder name Payee name Shell Oil Station Payee address; City; State; Zip Co	Lund	ch	
	Complete ONLY if direct expenditure to benefit C/Old Date 03/10/2025 Amount (\$) \$40.40	Candidate/Officeholder name Payee name Shell Oil Station Payee address; City; State; Zip Co. 934 N. IH-35	Lund	Office held	
	Complete ONLY if direct expenditure to benefit C/OND Date 03/10/2025 Amount (\$) \$40.40	Candidate/Officeholder name Payee name Shell Oil Station Payee address; City; State; Zip Co. 934 N. IH-35 San Marcus, TX 78666	Lund Jiht de	Office held Cription heck if travel outside of Texas. Complete Schedule T.	
	Complete ONLY if direct expenditure to benefit C/OFDate 03/10/2025 Amount (\$) \$40.40 PURPOSE OF	Candidate/Officeholder name Payee name Shell Oil Station Payee address; City; State; Zip Co. 934 N. IH-35 San Marcus, TX 78666 (a) Category (See Categories listed at the top of this schedule)	Lund jht de (b) Desc	Office held Office held Cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OFDate 03/10/2025 Amount (\$) \$40.40 PURPOSE OF	Candidate/Officeholder name Payee name Shell Oil Station Payee address; City; State; Zip Co. 934 N. IH-35 San Marcus, TX 78666 (a) Category (See Categories listed at the top of this schedule)	Lund Jiht de	Office held Office held Cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF Date 03/10/2025 Amount (\$) \$40.40 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name Shell Oil Station Payee address; City; State; Zip Co. 934 N. IH-35 San Marcus, TX 78666 (a) Category (See Categories listed at the top of this schedule) Travel Out of District	tund ght Color Col	Office held Cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OFDate 03/10/2025 Amount (\$) \$40.40 PURPOSE OF	Candidate/Officeholder name Payee name Shell Oil Station Payee address; City; State; Zip Co. 934 N. IH-35 San Marcus, TX 78666 (a) Category (See Categories listed at the top of this schedule) Travel Out of District Candidate/Officeholder name Office sou	tund ght Color Col	Office held Office held Cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF Date 03/10/2025 Amount (\$) \$40.40 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name Shell Oil Station Payee address; City; State; Zip Co. 934 N. IH-35 San Marcus, TX 78666 (a) Category (See Categories listed at the top of this schedule) Travel Out of District Candidate/Officeholder name Office sou	tund ght Color Col	Office held Cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF Date 03/10/2025 Amount (\$) \$40.40 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name Shell Oil Station Payee address; City; State; Zip Co. 934 N. IH-35 San Marcus, TX 78666 (a) Category (See Categories listed at the top of this schedule) Travel Out of District Candidate/Officeholder name Office sou	tund ght Color Col	Office held Cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card r dyment	The Instruction Guide explains how to com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 23/32 Rpt: 26/35	Hawkins, Barbara (The Honorable)		00080284
4	Date	5 Payee name		·
	05/20/2025	Speedy		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$46.54	123		
		Buda, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Gas
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI			
-	Date	Payee name		
	03/23/2025	Sysco, Carla Joy		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$500.00	1234 Election Blvd.		
		San Antonio, TX 78203		
	PURPOSE		(b)	Description
	OF EXPENDITURE	Donation		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Support campaign
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	<u> </u>	III	Office field
-	Date	Davies warms		
	01/31/2025	Payee name TONY G's		
	Amount (\$)		lo.	
	\$732.00	Payee address; City; State; Zip Cod 915 S Hackberry	IC	
	Ψ132.00	313 3 Hackberry		
		San antonio, TX 78203		
	DUDDOCE		(b)	Paradiation .
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	(D) 	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
				MLK Community event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	capenditure 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 Con Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/32 Rpt: 27/35	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	06/30/2025	Taqueria EL Vallarta 2
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.05	1430 E Cesar Chavez Blvd
L		SAN ANTONIO, TX 78210
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
		Staff Lunch meeting
		Can Land meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Payee name
	02/03/2025	Terrell, Ariel
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.21	3503 NE Parkway
		San Antonio, TX 78218
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office materials reimb.
		Office materials reimb.
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
H	Data	Davida marra
	Date 04/07/2025	Payee name Terrell, Ariel
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.61	3503 NE Parkway
		San Antonio, TX 78218
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Supplies
		Supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
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

	Credit Card Payment		The Instruction Guide explains	s how to con	plete this forn	n.			
1	Total pages Schedule F1:	ı				3	Filer ID	(Ethics Commission	Filers)
	Sch: 25/32 Rpt: 28/35	Ļ	Hawkins, Barbara (The Honorable)				00080284		
4	Date 02/24/2025	ı	Payee name						
•			Texaco	o. Zin Cod					
ь	Amount (\$) \$29.26	ı	Payee address; City; State 123 ABC	e; Zip Cod	e				
	Ψ23.20								
		;	San Antonio, TX 78218						
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	b) Description	on			
	OF EXPENDITURE		Travel In District				de of Texas. Com		
					Gas Gas	r Austin, TX,	officeholder living	expense	
9	Complete ONLY if direct		andidate/Officeholder name	Office soug	ht		Office he	eld	
	expenditure to benefit C/OI	П							
	Date	ı	Payee name						
	04/10/2025	Ļ	Texas Legislative Black Caucus						
	Amount (\$)	ı		e; Zip Cod	e				
	\$1,000.00	'	307 Brazos						
		Ι,	Austin, TX 78701						
	PURPOSE	_	Category (See Categories listed at the top of this sc	phodulo)	b) Description	nn .			
	OF EXPENDITURE	ı	Dues	Siledule)	Check if	f travel outsi	de of Texas. Com		
	EXI ENDITORE				Check if 89th Leg		officeholder living	expense	
					OJIII LOG	Jisiative	uucs		
	Complete ONLY if direct		andidate/Officeholder name	Office soug	ht		Office he	eld	
	expenditure to benefit C/OI	H							
	Date		Payee name						
	02/12/2025		The Links Foundation						
	Amount (\$)	ı		e; Zip Cod	е				
	\$1,000.00	'	PO Box 460312						
		Ι,	San Antonio, TX 78246						
	PURPOSE	 	Category (See Categories listed at the top of this so	shodula)	b) Description	nn .			
	OF EXPENDITURE	ı	Fees	criedule)			de of Texas. Com	olete Schedule T.	
	EXPENDITORE						officeholder living	expense	
					Support				
	Complete ONLY if direct		andidate/Officeholder name	Office soug	ht		Office he	eld	
	expenditure to benefit C/OI	Н							

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	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
۴	T.1 6111=	The Instruction Guide explains how to complete this form.	`
1	Total pages Schedule F1:		5)
	Sch: 26/32 Rpt: 29/35	Hawkins, Barbara (The Honorable) 00080284	
4	Date	5 Payee name	
	01/01/2025	Tx Tag	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6.29	2420 Ridgepoint Dr.	
		Austin, TX 78754	
8	PURPOSE	(b) Description	
o	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Toll - Out of District	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash	Data	T _	
	Date	Payee name	
	06/10/2025	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$192.00	1948 Austin Swy	
		San Antonio, TX 78218	
	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 Two-year cost of District Post Office	
		I wo-year cost of District Post Office	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/O		
L		T	
	Date	Payee name	
L	02/07/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.97	1515 3rd St.	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Transportation	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to beliefft C/Of	•	

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/32 Rpt: 30/35	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	02/21/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.61	1515 3rd St.
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/21/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.92	1515 3rd St.
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Transportation
		Transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/21/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.99	1515 3rd St.
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/32 Rpt: 31/35	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	03/21/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.99	1515 3rd St.
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation
		Transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/24/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.93	1515 3rd St.
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	·	
	Date	Payee name
	03/24/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.75	1515 3rd St.
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation Transportation
	Operation ONLY if alice at	Our stide to 10 ff as health are nown.
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

OTHER (enter a category not list

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 29/32 Rpt: 32/35	2 FILER NAME Hawkins, Barbara (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080284
4	Date 06/23/2025	5 Payee name Uber
6	Amount (\$) \$6.98	7 Payee address; City; State; Zip Code 1515 3rd St. San Francisco, CA 94158
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 Transportation
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/10/2025	Payee name Visual Net Design
	Amount (\$) \$243.56	Payee address; City; State; Zip Code 8534 Village Dr, Suite A San Antonio, TX 78217
	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 Connectivity
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/17/2025	Payee name Visual Net Design
	Amount (\$) \$32.44	Payee address; City; State; Zip Code 8534 Village Dr, Suite A San Antonio, TX 78217
	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 Connectivity
	Complete <u>ONLY</u> 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 Comr

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

Travel in District
Travel out of District
Travel Out of District
OTHER (enter a cate

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

	Candidate/Officeholder/Politica Credit Card Payment	d Committee	Legal Services The Instruction Gu	Salaries ide explains how to c	-	s/Contract Labor ete this form.		OTHER (enter a	a category not listed	above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 30/32 Rpt: 33/35	Hawkins, E	Barbara (The Hon	orable)				00080284		
4	Date	5 Payee name	е							
	04/09/2025	Visual Net	Design							
6	Amount (\$) \$243.56		ess; City; ge Dr, Suite A io, TX 78217	State; Zip C	ode					
8	PURPOSE	(a) Category (See Categories listed at th	o top of this schodulo)	(b)	Description				
	OF EXPENDITURE	Fees	see Categories listed at tri	e top of this scriedule)		Check if travel		de of Texas. Con officeholder livin	nplete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office h	eld	
	Date	Payee name								
	02/03/2025	Wynn, Kat	herine (Mrs.)							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$1,500.00	8209 Victo	ry Cove							
		San Anton	io, TX 78254							
	PURPOSE	(a) Category (See Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	Stipend				\Box		de of Texas. Con officeholder livin	nplete Schedule T.	
						District Office			g expense	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office h	eld	
	Date	Payee name								
	01/27/2025	Zoom								
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$69.29	420 E. Cai	rillo St.							
		Santa Barl	per, CA 93101							
	BUBBOOF				(1-)					
	PURPOSE OF		See Categories listed at th	e top of this schedule)	(a)	Description Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	Fees				<u> </u>		officeholder livin		
						Connectivity				
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office h	eld	
•										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services 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: 31/32 Rpt: 34/35	Hawkins, Barbara (The Honorable) 00080284
4	Date	5 Payee name
	02/25/2025	Zoom
6	Amount (\$) \$69.29	7 Payee address; City; State; Zip Code 420 E. Carrillo St. Santa Barber, CA 93101
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 Connectivity
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	03/25/2025	Zoom
	Amount (\$) \$69.29	Payee address; City; State; Zip Code 420 E. Carrillo St. Santa Barber, CA 93101
	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 Connectivity
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/27/2025	Zoom
	Amount (\$) \$69.29	Payee address; City; State; Zip Code 420 E. Carrillo St.
		Santa Barber, CA 93101
	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 Connectivity
	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 Committee

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

	Credit Card Payment	The Instruction Guide explains how to com	nplete this form.
1	Total pages Schedule F1:	•	3 Filer ID (Ethics Commission Filers)
	Sch: 32/32 Rpt: 35/35	Hawkins, Barbara (The Honorable)	00080284
4	Date	5 Payee name	
	06/25/2025	Zoom	
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le
	\$70.34	420 E. Carrillo St.	
		Santa Barber, CA 93101	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Connectivity
			Connectivity
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	pht Office held
9	expenditure to benefit C/O	H	int Office field
	Date	Payee name	
	04/25/2025	Zoom	
	Amount (\$)	Payee address; City; State; Zip Cod	le
	\$69.29	420 E. Carrillo St.	
		Santa Barber, CA 93101	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	_		Check if Austin, TX, officeholder living expense
			Connectivity
	Complete ONLY if direct	Condidate/Office helder name Office course	Connectivity
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	Connectivity
		•	Connectivity