

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |  |   |  |  |  |  |   |  |  |  |
|--|---|--|---|--|--|--|--|---|--|--|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00080284  | <b>2</b> Total pages filed:<br>35   |  |  |  |  |   |  |  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME   | <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR<br/>The Honorable</td> <td style="width: 30%;">FIRST<br/>Barbara</td> <td style="width: 40%;">MI<br/>MI</td> </tr> </table>   |  | MS / MRS / MR<br>The Honorable  | FIRST<br>Barbara   | MI<br>MI   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>07/07/2025 |  |   |  |  |  |
|  | MS / MRS / MR<br>The Honorable  | FIRST<br>Barbara   | MI<br>MI  |  |  |  |  |   |  |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST<br/>Hawkins</td> <td style="width: 40%;">SUFFIX</td> </tr> </table> |   | NICKNAME   | LAST<br>Hawkins   | SUFFIX   |  |  |  |   |  |  |  |
| NICKNAME   | LAST<br>Hawkins   | SUFFIX   |   |  |  |  |  |   |  |  |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address  | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>P.O. Box 18659<br><br>San Antonio, TX 78218  |  | Date Hand-delivered or Date Postmarked<br><br><table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed<br><br>Date Imaged | Receipt #  | Amount   |  |  |   |  |  |  |
|  | Receipt #   | Amount   |   |  |  |  |  |   |  |  |  |
|  |   |  |   |  |  |  |  |   |  |  |  |
|  |   |  |   |  |  |  |  |   |  |  |  |
|  |   |  |   |  |  |  |  |   |  |  |  |
| <b>5</b> CAMPAIGN TREASURER NAME   | <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR<br/>Mrs.</td> <td style="width: 30%;">FIRST<br/>Frances</td> <td style="width: 40%;">MI<br/>MI</td> </tr> </table>  |  |   | MS / MRS / MR<br>Mrs.  | FIRST<br>Frances   | MI<br>MI   |  |   |  |  |  |
|  | MS / MRS / MR<br>Mrs.   | FIRST<br>Frances   | MI<br>MI  |  |  |  |  |   |  |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST<br/>Boynes</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>  |   |  | NICKNAME  | LAST<br>Boynes   | SUFFIX   |  |  |   |  |  |  |
| NICKNAME   | LAST<br>Boynes  | SUFFIX   |   |  |  |  |  |   |  |  |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>3950 River Falls<br><br>San Antonio, TX 78259  |  |   |  |  |  |  |   |  |  |  |
|  |   |  |   |  |  |  |  |   |  |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE  | AREA CODE PHONE NUMBER EXTENSION<br>(210) 422-1445  |  |   |  |  |  |  |   |  |  |  |
|  |   |  |   |  |  |  |  |   |  |  |  |
| <b>8</b> REPORT TYPE   | <table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table> |  |   | <input type="checkbox"/> January 15  | <input type="checkbox"/> 30th day before election  | <input type="checkbox"/> Runoff  | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | <input checked="" type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR) |
|  | <input type="checkbox"/> January 15   | <input type="checkbox"/> 30th day before election  | <input type="checkbox"/> Runoff   | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |  |  |  |   |  |  |  |
| <input checked="" type="checkbox"/> July 15  | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Exceeded modified reporting limit   | <input type="checkbox"/> Final Report (Attach C/OH-FR)  |  |  |  |  |   |  |  |  |
|  |   |  |   |  |  |  |  |   |  |  |  |
| <b>9</b> PERIOD COVERED  | Month Day Year                      Month Day Year<br>01/01/2025                      THROUGH                      06/30/2025   |  |   |  |  |  |  |   |  |  |  |
|  |   |  |   |  |  |  |  |   |  |  |  |
| <b>10</b> ELECTION   | <table style="width: 100%;"> <tr> <td style="width: 40%;">                             ELECTION DATE<br/>                             Month Day Year<br/>                             03/03/2026                         </td> <td style="width: 60%;">                             ELECTION TYPE<br/> <input checked="" type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other<br/> <input type="checkbox"/> General      <input type="checkbox"/> Special                         </td> </tr> </table>                |  |   | ELECTION DATE<br>Month Day Year<br>03/03/2026  | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |  |   |  |  |  |
|  | ELECTION DATE<br>Month Day Year<br>03/03/2026   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |   |  |  |  |  |   |  |  |  |
|  |   |  |   |  |  |  |  |   |  |  |  |
| <b>11</b> OFFICE   | OFFICE HELD (if any)<br>State Representative District 120 Bexar   |  |   |  |  |  |  |   |  |  |  |
|  | <b>12</b> OFFICE SOUGHT (if known)<br>State Representative District 120   |  |   |  |  |  |  |   |  |  |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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|  |   |
|--|---|
| <b>13 C / OH NAME</b> Hawkins, Barbara (The Honorable) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00080284 |
|--|---|

|   |  |   |  |
|---|--|---|--|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |   |  |
|   | <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | <b>COMMITTEE NAME</b>                       |  |
|   |  | <b>COMMITTEE ADDRESS</b>                    |  |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>    |  |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |  |

|                                  |   |    |           |
|----------------------------------|---|----|-----------|
| <b>16 CONTRIBUTION TOTALS</b>    | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00      |
|                                  | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ | 0.00      |
| -----<br>EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00      |
|                                  | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 17,904.85 |
| -----<br>CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 0.00      |
| -----<br>OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 0.00      |

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Barbara Hawkins  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

|                                    |                                       |                                     |
|------------------------------------|---------------------------------------|-------------------------------------|
| Signature of officer administering | Printed name of officer administering | Title of officer administering oath |
|------------------------------------|---------------------------------------|-------------------------------------|

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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|  |                                     |  |                            |
|--|-------------------------------------|--|----------------------------|
| <b>18 FILER NAME</b><br>Hawkins, Barbara (The Honorable) |                                     | <b>19 Filer ID</b><br>00080284   | (Ethics Commission Filers) |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE         |                                     |  | SUBTOTAL AMOUNT            |
| 1.   | <input type="checkbox"/>            | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                         |
| 2.   | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                         |
| 3.   | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                         |
| 4.   | <input type="checkbox"/>            | SCHEDULE E: LOANS  | \$                         |
| 5.   | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 17,904.85               |
| 6.   | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                         |
| 7.   | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                         |
| 8.   | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                         |
| 9.   | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$                         |
| 10.  | <input type="checkbox"/>            | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                         |
| 11.  | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                         |
| 12.  | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                         |

# 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 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)

The Instruction Guide explains how to complete this form.

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/32 Rpt: 5/35            | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284   |
| <b>4</b> Date<br>02/03/2025   | <b>5</b> Payee name<br>Apple Inc.  |  |
| <b>6</b> Amount (\$)<br>\$10.81                                     | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 7247<br><br>Philidelphia, PA 19170 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date<br>02/26/2025  | Candidate/Officeholder name<br>Office sought<br>Office held                                |  |
| Payee name<br>Apple Inc.  |  |  |
| Amount (\$)<br>\$9.99   | Payee address; City; State; Zip Code<br>PO Box 7247<br><br>Philidelphia, PA 19170          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>03/03/2025  | Candidate/Officeholder name<br>Office sought<br>Office held                                |  |
| Payee name<br>Apple Inc.  |  |  |
| Amount (\$)<br>\$10.81  | Payee address; City; State; Zip Code<br>PO Box 7247<br><br>Philidelphia, PA 19170          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity        |
| Complete <u>ONLY</u> if direct 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 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)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/32 Rpt: 6/35            | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284   |
| <b>4</b> Date<br>03/27/2025   | <b>5</b> Payee name<br>Apple Inc.  |  |
| <b>6</b> Amount (\$)<br>\$9.99                                      | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 7247<br><br>Philidelphia, PA 19170 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date<br>04/28/2025  | Candidate/Officeholder name<br>Office sought<br>Office held                                |  |
| Payee name<br>Apple Inc.  |  |  |
| Amount (\$)<br>\$9.99   | Payee address; City; State; Zip Code<br>PO Box 7247<br><br>Philidelphia, PA 19170          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>05/02/2025  | Candidate/Officeholder name<br>Office sought<br>Office held                                |  |
| Payee name<br>Apple Inc.  |  |  |
| Amount (\$)<br>\$10.81  | Payee address; City; State; Zip Code<br>PO Box 7247<br><br>Philidelphia, PA 19170          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity        |
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OTHER (enter a category not listed above)

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| <b>1</b> Total pages Schedule F1:<br>Sch: 4/32 Rpt: 7/35            | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284   |
| <b>4</b> Date<br>05/27/2025   | <b>5</b> Payee name<br>Apple Inc.  |  |
| <b>6</b> Amount (\$)<br>\$9.99                                      | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 7247<br><br>Philidelphia, PA 19170 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date<br>06/02/2025  | Candidate/Officeholder name<br>Office sought<br>Office held                                |  |
| Payee name<br>Apple Inc.  |  |  |
| Amount (\$)<br>\$10.81  | Payee address; City; State; Zip Code<br>PO Box 7247<br><br>Philidelphia, PA 19170          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>06/26/2025  | Candidate/Officeholder name<br>Office sought<br>Office held                                |  |
| Payee name<br>Apple Inc.  |  |  |
| Amount (\$)<br>\$9.99   | Payee address; City; State; Zip Code<br>PO Box 7247<br><br>Philidelphia, PA 19170          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity        |
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
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|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/32 Rpt: 8/35            | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284   |
| <b>4</b> Date<br>04/02/2025   | <b>5</b> Payee name<br>Apple Inc.   |  |
| <b>6</b> Amount (\$)<br>\$10.81                                     | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 7247<br><br>Philidelphia, PA 19170    |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>04/09/2025  | Payee name<br>Apple Inc.  |  |
| Amount (\$)<br>\$21.64  | Payee address; City; State; Zip Code<br>PO Box 7247<br><br>Philidelphia, PA 19170             |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>01/21/2025  | Payee name<br>Big Country   |  |
| Amount (\$)<br>\$39.32  | Payee address; City; State; Zip Code<br>24457 Boerne Stage Rd<br><br>San Antonio, TX 78255    |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |



# 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 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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/32 Rpt: 9/35            | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284  |
| <b>4</b> Date<br>02/19/2025   | <b>5</b> Payee name<br>Big Country  |   |
| <b>6</b> Amount (\$)<br>\$43.96                                     | <b>7</b> Payee address; City; State; Zip Code<br>24457 Boerne Stage Rd<br><br>San Antonio, TX 78255 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Date<br>03/04/2025  | Candidate/Officeholder name<br>Office sought<br>Office held   |   |
| Payee name<br>Big Country   |   |   |
| Amount (\$)<br>\$35.46  | Payee address; City; State; Zip Code<br>24457 Boerne Stage Rd<br><br>San Antonio, TX 78255          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel In District              | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>03/21/2025  | Candidate/Officeholder name<br>Office sought<br>Office held   |   |
| Payee name<br>Big Country   |   |   |
| Amount (\$)<br>\$47.76  | Payee address; City; State; Zip Code<br>24457 Boerne Stage Rd<br><br>San Antonio, TX 78255          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel In District              | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct 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 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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/32 Rpt: 10/35           | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284  |
| <b>4</b> Date<br>04/29/2025   | <b>5</b> Payee name<br>Big Country  |   |
| <b>6</b> Amount (\$)<br>\$42.80                                     | <b>7</b> Payee address; City; State; Zip Code<br>24457 Boerne Stage Rd<br><br>San Antonio, TX 78255 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Date<br>05/13/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>Big Country   |   |   |
| Amount (\$)<br>\$44.16  | Payee address; City; State; Zip Code<br>24457 Boerne Stage Rd<br><br>San Antonio, TX 78255          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel In District              | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>04/01/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>Big Country   |   |   |
| Amount (\$)<br>\$32.15  | Payee address; City; State; Zip Code<br>24457 Boerne Stage Rd<br><br>San Antonio, TX 78255          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel In District              | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct 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 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)

The Instruction Guide explains how to complete this form.

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

# 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 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)

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/32 Rpt: 12/35           | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284  |
| <b>4</b> Date<br>05/07/2025   | <b>5</b> Payee name<br>Capitol Grill   |   |
| <b>6</b> Amount (\$)<br>\$67.33                                     | <b>7</b> Payee address; City; State; Zip Code<br>1100 Congress Ave<br><br>Austin, TX 78701       |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Staff Lunch   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>05/21/2025  | Payee name<br>Capitol Grill  |   |
| Amount (\$)<br>\$6.68   | Payee address; City; State; Zip Code<br>1100 Congress Ave<br><br>Austin, TX 78701                |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office Coffee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>03/31/2025  | Payee name<br>Capitol Grill  |   |
| Amount (\$)<br>\$8.04   | Payee address; City; State; Zip Code<br>1100 Congress Ave<br><br>Austin, TX 78701                |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office Coffee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# 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 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)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/32 Rpt: 13/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284   |
| <b>4</b> Date<br>03/13/2025   | <b>5</b> Payee name<br>Capitol Parking  |  |
| <b>6</b> Amount (\$)<br>\$21.65                                     | <b>7</b> Payee address; City; State; Zip Code<br>823 Congress<br><br>Austin, TX 78701         |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking fees                           |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>01/01/2025  | Payee name<br>Chef Don's  |  |
| Amount (\$)<br>\$1,395.00   | Payee address; City; State; Zip Code<br>13827 Villa Camino<br><br>San Antonio, TX 78233       |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Community Breakfast at District Office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>01/09/2025  | Payee name<br>Chevron Gas Station   |  |
| Amount (\$)<br>\$50.75  | Payee address; City; State; Zip Code<br>5002 Eisenhower Rd<br><br>San Antonio, TX 78218       |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas                                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# 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 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)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 11/32 Rpt: 14/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284   |
| <b>4</b> Date<br>03/25/2025   | <b>5</b> Payee name<br>Chevon Gas Station  |  |
| <b>6</b> Amount (\$)<br>\$38.10                                     | <b>7</b> Payee address; City; State; Zip Code<br>5002 Eisenhower Rd<br><br>San Antonio, TX 78218 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>04/25/2025  | Payee name<br>Chevon Gas Station   |  |
| Amount (\$)<br>\$33.86  | Payee address; City; State; Zip Code<br>5002 Eisenhower Rd<br><br>San Antonio, TX 78218          |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>04/21/2025  | Payee name<br>China Sun Restrurant   |  |
| Amount (\$)<br>\$30.53  | Payee address; City; State; Zip Code<br>407 Naco Perrin<br><br>San Antonio, TX 78217             |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Dinner meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# 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 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)

The Instruction Guide explains how to complete this form.

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

# 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 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)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 13/32 Rpt: 16/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284   |
| <b>4</b> Date<br>04/21/2025   | <b>5</b> Payee name<br>City of San Antonio - KIOSK  |  |
| <b>6</b> Amount (\$)<br>\$36.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>115 Plaza de Amas<br><br>San Antonio, TX 78217           |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>01/06/2025  | Payee name<br>Cleaning Ideals   |  |
| Amount (\$)<br>\$114.73   | Payee address; City; State; Zip Code<br>1308 Austin HWY<br><br>San Antonio, TX 78209                      |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office supplies                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Cleaning materials |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>02/11/2025  | Payee name<br>Costco  |  |
| Amount (\$)<br>\$129.88   | Payee address; City; State; Zip Code<br>5611 UTSA Blvd.<br><br>San Antonio, TX 78229                      |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Area heater        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |



# 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 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)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 14/32 Rpt: 17/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284   |
| <b>4</b> Date<br>02/03/2025   | <b>5</b> Payee name<br>Dickerson, Amari (Mr.)  |  |
| <b>6</b> Amount (\$)<br>\$720.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>467 Edna Ave<br><br>San Antonio, TX 78220 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office Support |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date<br>03/10/2025  | Candidate/Officeholder name<br>Dickerson, Amari (Mr.)                                      |  |
| Amount (\$)<br>\$735.00   | Office sought<br>Office held   |  |
|   | Payee name<br>Dickerson, Amari (Mr.)   |  |
|   | Payee address; City; State; Zip Code<br>467 Edna Ave<br><br>San Antonio, TX 78220          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office support        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>04/08/2025  | Candidate/Officeholder name<br>Dickerson, Amari (Mr.)                                      |  |
| Amount (\$)<br>\$818.00   | Office sought<br>Office held   |  |
|   | Payee name<br>Dickerson, Amari (Mr.)   |  |
|   | Payee address; City; State; Zip Code<br>467 Edna Ave<br><br>San Antonio, TX 78220          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Monthly stipend       |
| Complete <u>ONLY</u> if direct 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 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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 15/32 Rpt: 18/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284  |
| <b>4</b> Date<br>03/10/2025   | <b>5</b> Payee name<br>Dominos Pizza  |   |
| <b>6</b> Amount (\$)<br>\$100.69                                    | <b>7</b> Payee address; City; State; Zip Code<br>24291 I-10 West<br><br>San Antonio, TX 78257     |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event for youth |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>01/06/2025  | Payee name<br>Eddie V's   |   |
| Amount (\$)<br>\$407.12   | Payee address; City; State; Zip Code<br>301 E 5th St.<br><br>Austin, TX 78701                     |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Staff Meeting   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>01/15/2025  | Payee name<br>Exxon Mobil   |   |
| Amount (\$)<br>\$52.21  | Payee address; City; State; Zip Code<br>2041 N I-H 35 Frontage Rd<br><br>San Marcus, TX 78666     |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# 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 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)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 16/32 Rpt: 19/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284   |
| <b>4</b> Date<br>01/27/2025   | <b>5</b> Payee name<br>Fair Mart   |  |
| <b>6</b> Amount (\$)<br>\$52.74                                     | <b>7</b> Payee address; City; State; Zip Code<br>2315 NW Military Dr.<br><br>San Antonio, TX 78231 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Supplies         |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>02/11/2025  | Payee name<br>HEB  |  |
| Amount (\$)<br>\$30.83  | Payee address; City; State; Zip Code<br>1520 Austin HWy<br><br>San Antonio, TX 78218               |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>03/24/2025  | Payee name<br>Havrda, Melissa  |  |
| Amount (\$)<br>\$500.00   | Payee address; City; State; Zip Code<br>PO Box 839966<br><br>San Antonio, TX 78283                 |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Donation                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign support |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# 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 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)

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 17/32 Rpt: 20/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284  |
| <b>4</b> Date<br>01/13/2025   | <b>5</b> Payee name<br>Jimmy John  |   |
| <b>6</b> Amount (\$)<br>\$21.81                                     | <b>7</b> Payee address; City; State; Zip Code<br>1455 Austin Hwy<br><br>San Antonio, TX 78218    |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lunch Meeting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>02/18/2025  | Payee name<br>Jimmy John   |   |
| Amount (\$)<br>\$35.77  | Payee address; City; State; Zip Code<br>1455 Austin Hwy<br><br>San Antonio, TX 78218             |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Staff Lunch   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>04/14/2025  | Payee name<br>Jimmy John   |   |
| Amount (\$)<br>\$19.98  | Payee address; City; State; Zip Code<br>1455 Austin Hwy<br><br>San Antonio, TX 78218             |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lunch meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# 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 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)

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 18/32 Rpt: 21/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284  |
| <b>4</b> Date<br>01/06/2025   | <b>5</b> Payee name<br>Kim Tran Restaurant   |   |
| <b>6</b> Amount (\$)<br>\$46.07                                     | <b>7</b> Payee address; City; State; Zip Code<br>1015 Rittiman<br><br>San Antonio, TX 78218      |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Staff Lunch   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>02/19/2025  | Payee name<br>Kim Tran Restaurant  |   |
| Amount (\$)<br>\$64.07  | Payee address; City; State; Zip Code<br>1015 Rittiman<br><br>San Antonio, TX 78218               |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lunch meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>04/09/2025  | Payee name<br>Legislative Study Group  |   |
| Amount (\$)<br>\$1,030.00   | Payee address; City; State; Zip Code<br>1100 S Congress Ave<br><br>Austin, TX 78704-1728         |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bill Analysis |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# 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 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)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 19/32 Rpt: 22/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284   |
| <b>4</b> Date<br>03/10/2025   | <b>5</b> Payee name<br>McDonalds   |  |
| <b>6</b> Amount (\$)<br>\$4.06                                      | <b>7</b> Payee address; City; State; Zip Code<br>1450 Austin Hwy<br><br>San Antonio, TX 78209    |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting Coffee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>06/02/2025  | Payee name<br>McDonalds  |  |
| Amount (\$)<br>\$9.08   | Payee address; City; State; Zip Code<br>1450 Austin Hwy<br><br>San Antonio, TX 78209             |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lunch meeting  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>02/12/2025  | Payee name<br>NAACP  |  |
| Amount (\$)<br>\$300.00   | Payee address; City; State; Zip Code<br>2803 E. Commerce<br><br>San Antonio, TX 78203            |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Sponsor  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# 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 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)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 20/32 Rpt: 23/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284   |
| <b>4</b> Date<br>06/06/2025   | <b>5</b> Payee name<br>Network for Good - DC  |  |
| <b>6</b> Amount (\$)<br>\$1,030.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>655 15th St., Ste #650<br><br>Washington, DC 20005 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Donation                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation       |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>06/30/2025  | Payee name<br>Panero Bread  |  |
| Amount (\$)<br>\$49.11  | Payee address; City; State; Zip Code<br>3400 Sky Harbor Blvd<br><br>Phoenix, AZ 85040               |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Dinner meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>03/03/2025  | Payee name<br>Papa Nachos Cantina   |  |
| Amount (\$)<br>\$73.10  | Payee address; City; State; Zip Code<br>24145 I-10 West<br><br>San Antonio, TX 78257                |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# 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 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)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 21/32 Rpt: 24/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284   |
| <b>4</b> Date<br>04/14/2025   | <b>5</b> Payee name<br>Pappadeaux  |  |
| <b>6</b> Amount (\$)<br>\$198.77                                    | <b>7</b> Payee address; City; State; Zip Code<br>15715 I-H 10<br><br>San Antonio, TX 78257       |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Dinner Meeting                     |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>04/14/2025  | Payee name<br>Photographic Design  |  |
| Amount (\$)<br>\$549.00   | Payee address; City; State; Zip Code<br>1100 Congress<br><br>Austin, TX 78701                    |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payment for capitol member picture |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>02/24/2025  | Payee name<br>Redlands Grill   |  |
| Amount (\$)<br>\$232.33   | Payee address; City; State; Zip Code<br>17422 Fiesta TX Dr<br><br>San Antonio, TX 78256          |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting                            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |



# 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 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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 22/32 Rpt: 25/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284  |
| <b>4</b> Date<br>01/31/2025   | <b>5</b> Payee name<br>SA Chapter of Links  |   |
| <b>6</b> Amount (\$)<br>\$650.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 450312<br><br>San Antonio, TX 78246       |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Support |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>03/21/2025  | Payee name<br>SQ Famous Famiglia  |   |
| Amount (\$)<br>\$20.94  | Payee address; City; State; Zip Code<br>9800 Airport Blvd.<br><br>San Antonio, TX 78216           |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lunch   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>03/10/2025  | Payee name<br>Shell Oil Station   |   |
| Amount (\$)<br>\$40.40  | Payee address; City; State; Zip Code<br>934 N. IH-35<br><br>San Marcus, TX 78666                  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# 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 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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 23/32 Rpt: 26/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284  |
| <b>4</b> Date<br>05/20/2025   | <b>5</b> Payee name<br>Speedy   |   |
| <b>6</b> Amount (\$)<br>\$46.54                                     | <b>7</b> Payee address; City; State; Zip Code<br>123<br><br>Buda, TX 78701                        |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas                 |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>03/23/2025  | Payee name<br>Sysco, Carla Joy  |   |
| Amount (\$)<br>\$500.00   | Payee address; City; State; Zip Code<br>1234 Election Blvd.<br><br>San Antonio, TX 78203          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Donation               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Support campaign    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>01/31/2025  | Payee name<br>TONY G's  |   |
| Amount (\$)<br>\$732.00   | Payee address; City; State; Zip Code<br>915 S Hackberry<br><br>San antonio, TX 78203              |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MLK Community event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# 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 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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 24/32 Rpt: 27/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284  |
| <b>4</b> Date<br>06/30/2025   | <b>5</b> Payee name<br>Taqueria EL Vallarta 2   |   |
| <b>6</b> Amount (\$)<br>\$42.05                                     | <b>7</b> Payee address; City; State; Zip Code<br>1430 E Cesar Chavez Blvd<br><br>SAN ANTONIO, TX 78210    |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Staff Lunch meeting     |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>02/03/2025  | Payee name<br>Terrell, Ariel  |   |
| Amount (\$)<br>\$16.21  | Payee address; City; State; Zip Code<br>3503 NE Parkway<br><br>San Antonio, TX 78218                      |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office materials reimb. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>04/07/2025  | Payee name<br>Terrell, Ariel  |   |
| Amount (\$)<br>\$111.61   | Payee address; City; State; Zip Code<br>3503 NE Parkway<br><br>San Antonio, TX 78218                      |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Supplies                |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# 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 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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 25/32 Rpt: 28/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284  |
| <b>4</b> Date<br>02/24/2025   | <b>5</b> Payee name<br>Texaco   |   |
| <b>6</b> Amount (\$)<br>\$29.26                                     | <b>7</b> Payee address; City; State; Zip Code<br>123 ABC<br><br>San Antonio, TX 78218         |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas                   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>04/10/2025  | Payee name<br>Texas Legislative Black Caucus  |   |
| Amount (\$)<br>\$1,000.00   | Payee address; City; State; Zip Code<br>807 Brazos<br><br>Austin, TX 78701                    |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Dues               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>89th Legislative dues |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>02/12/2025  | Payee name<br>The Links Foundation  |   |
| Amount (\$)<br>\$1,000.00   | Payee address; City; State; Zip Code<br>PO Box 460312<br><br>San Antonio, TX 78246            |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Support               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# 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 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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 26/32 Rpt: 29/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284  |
| <b>4</b> Date<br>01/01/2025   | <b>5</b> Payee name<br>Tx Tag   |   |
| <b>6</b> Amount (\$)<br>\$6.29                                      | <b>7</b> Payee address; City; State; Zip Code<br>2420 Ridgepoint Dr.<br><br>Austin, TX 78754  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Toll - Out of District                |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>06/10/2025  | Payee name<br>USPS  |   |
| Amount (\$)<br>\$192.00   | Payee address; City; State; Zip Code<br>1948 Austin Swy<br><br>San Antonio, TX 78218          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Two-year cost of District Post Office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>02/07/2025  | Payee name<br>Uber  |   |
| Amount (\$)<br>\$14.97  | Payee address; City; State; Zip Code<br>1515 3rd St.<br><br>San Francisco, CA 94158           |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Transportation                        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# 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 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)

The Instruction Guide explains how to complete this form.

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

# 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 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)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 28/32 Rpt: 31/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284   |
| <b>4</b> Date<br>03/21/2025   | <b>5</b> Payee name<br>Uber   |  |
| <b>6</b> Amount (\$)<br>\$25.99                                     | <b>7</b> Payee address; City; State; Zip Code<br>1515 3rd St.<br><br>San Francisco, CA 94158      |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Transportation |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |  |
| Date<br>03/24/2025  | Candidate/Officeholder name   | Office sought  |
| Office held   |   |  |
| Date<br>03/24/2025  | Payee name<br>Uber  |  |
| Amount (\$)<br>\$7.93   | Payee address; City; State; Zip Code<br>1515 3rd St.<br><br>San Francisco, CA 94158               |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Transportation        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |  |
| Date<br>03/24/2025  | Candidate/Officeholder name   | Office sought  |
| Office held   |   |  |
| Date<br>03/24/2025  | Payee name<br>Uber  |  |
| Amount (\$)<br>\$32.75  | Payee address; City; State; Zip Code<br>1515 3rd St.<br><br>San Francisco, CA 94158               |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Transportation        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |  |
| Date<br>03/24/2025  | Candidate/Officeholder name   | Office sought  |
| Office held   |   |  |
| Date<br>03/24/2025  | Payee name<br>Uber  |  |
| Amount (\$)<br>\$32.75  | Payee address; City; State; Zip Code<br>1515 3rd St.<br><br>San Francisco, CA 94158               |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Transportation        |
| Complete <u>ONLY</u> if direct 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 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)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 29/32 Rpt: 32/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284   |
| <b>4</b> Date<br>06/23/2025   | <b>5</b> Payee name<br>Uber   |  |
| <b>6</b> Amount (\$)<br>\$6.98                                      | <b>7</b> Payee address; City; State; Zip Code<br>1515 3rd St.<br><br>San Francisco, CA 94158  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Transportation |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>01/10/2025  | Payee name<br>Visual Net Design   |  |
| Amount (\$)<br>\$243.56   | Payee address; City; State; Zip Code<br>8534 Village Dr, Suite A<br><br>San Antonio, TX 78217 |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>01/17/2025  | Payee name<br>Visual Net Design   |  |
| Amount (\$)<br>\$32.44  | Payee address; City; State; Zip Code<br>8534 Village Dr, Suite A<br><br>San Antonio, TX 78217 |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |



# 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 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)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 30/32 Rpt: 33/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284   |
| <b>4</b> Date<br>04/09/2025   | <b>5</b> Payee name<br>Visual Net Design   |  |
| <b>6</b> Amount (\$)<br>\$243.56                                    | <b>7</b> Payee address; City; State; Zip Code<br>8534 Village Dr, Suite A<br><br>San Antonio, TX 78217 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity     |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date<br>02/03/2025  | Candidate/Officeholder name<br>Wynn, Katherine (Mrs.)  |  |
| Amount (\$)<br>\$1,500.00   | Office sought<br>Office held   |  |
| Date<br>02/03/2025  | Payee name<br>Wynn, Katherine (Mrs.)   |  |
| Amount (\$)<br>\$1,500.00   | Payee address; City; State; Zip Code<br>8209 Victory Cove<br><br>San Antonio, TX 78254                 |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Stipend                            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>District Office support |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>01/27/2025  | Candidate/Officeholder name<br>Zoom  |  |
| Amount (\$)<br>\$69.29  | Office sought<br>Office held   |  |
| Date<br>01/27/2025  | Payee name<br>Zoom   |  |
| Amount (\$)<br>\$69.29  | Payee address; City; State; Zip Code<br>420 E. Carrillo St.<br><br>Santa Barber, CA 93101              |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity            |
| Complete <u>ONLY</u> if direct 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 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)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 31/32 Rpt: 34/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284   |
| <b>4</b> Date<br>02/25/2025   | <b>5</b> Payee name<br>Zoom  |  |
| <b>6</b> Amount (\$)<br>\$69.29                                     | <b>7</b> Payee address; City; State; Zip Code<br>420 E. Carrillo St.<br><br>Santa Barber, CA 93101 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date<br>03/25/2025  | Candidate/Officeholder name  | Office sought  |
|   |  | Office held  |
| Date<br>03/25/2025  | Payee name<br>Zoom   |  |
| Amount (\$)<br>\$69.29  | Payee address; City; State; Zip Code<br>420 E. Carrillo St.<br><br>Santa Barber, CA 93101          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                           | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>05/27/2025  | Candidate/Officeholder name  | Office sought  |
|   |  | Office held  |
| Date<br>05/27/2025  | Payee name<br>Zoom   |  |
| Amount (\$)<br>\$69.29  | Payee address; City; State; Zip Code<br>420 E. Carrillo St.<br><br>Santa Barber, CA 93101          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                           | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>05/27/2025  | Candidate/Officeholder name  | Office sought  |
|   |  | Office held  |
| Date<br>05/27/2025  | Payee name<br>Zoom   |  |
| Amount (\$)<br>\$69.29  | Payee address; City; State; Zip Code<br>420 E. Carrillo St.<br><br>Santa Barber, CA 93101          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                           | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity        |
| Complete <u>ONLY</u> if direct 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 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)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 32/32 Rpt: 35/35          | <b>2</b> FILER NAME<br>Hawkins, Barbara (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080284   |
| <b>4</b> Date<br>06/25/2025   | <b>5</b> Payee name<br>Zoom   |  |
| <b>6</b> Amount (\$)<br>\$70.34                                     | <b>7</b> Payee address; City; State; Zip Code<br>420 E. Carrillo St.<br><br>Santa Barber, CA 93101        |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>04/25/2025  | Payee name<br>Zoom  |  |
| Amount (\$)<br>\$69.29  | Payee address; City; State; Zip Code<br>420 E. Carrillo St.<br><br>Santa Barber, CA 93101                 |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Connectivity |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |