

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00090233	2 Total pages filed: 6		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Kyle D.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Hawkins	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked		
	REDACTED PER 254.0313, GOV'T CODE			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Scott A.	MI			
	NICKNAME	LAST Keller	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	REDACTED PER 254.0313, GOV'T CODE					
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 693-8350	EXTENSION			
8 REPORT TYPE	<input checked="" 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 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)		
9 PERIOD COVERED	Month 10/24/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month 03/03/2026		Day	ELECTION TYPE		
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Supreme Court Justice Place 7			12 OFFICE SOUGHT (if known) Supreme Court Justice Place 7		

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

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13 C / OH NAME	Hawkins, Kyle D. (The Honorable)		14 Filer ID (Ethics Commission Filers) 00090233																																												
15 NOTICE FROM POLITICAL COMMITTEE(S)	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.																																														
<table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td colspan="2">COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td colspan="2">Texans for Hawkins</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> SPECIFIC</td> <td colspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td></td> <td colspan="2">P.O. Box 160606</td> </tr> <tr> <td></td> <td></td> <td colspan="2">Austin, TX 78716</td> </tr> <tr> <td></td> <td></td> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td colspan="2">Hobbs, Cabell</td> </tr> <tr> <td></td> <td></td> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td></td> <td></td> <td colspan="2">#134 7415 Southwest Pkwy.</td> </tr> <tr> <td></td> <td></td> <td colspan="2">Bldg. 6, Ste. 500</td> </tr> <tr> <td></td> <td></td> <td colspan="2">Austin, TX 78735</td> </tr> </table>				<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			<input type="checkbox"/> GENERAL	Texans for Hawkins			<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS				P.O. Box 160606				Austin, TX 78716				COMMITTEE CAMPAIGN TREASURER NAME				Hobbs, Cabell				COMMITTEE CAMPAIGN TREASURER ADDRESS				#134 7415 Southwest Pkwy.				Bldg. 6, Ste. 500				Austin, TX 78735	
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		Austin, TX 78735																																													
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00																																												
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00																																												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00																																												
	4. TOTAL POLITICAL EXPENDITURES		\$ 1,282.99																																												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00																																												
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 Kyle D. 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 oath

Printed name of officer administering oath

Title of officer administering oath

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

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18 FILER NAME Hawkins, Kyle D. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00090233
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$	
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 1,282.99	
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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/3 Rpt: 4/6	2 FILER NAME Hawkins, Kyle D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00090233
4 Date 12/08/2025	5 Payee name ABIA	
6 Amount (\$) \$26.00	7 Payee address; City; State; Zip Code 3600 Presidential Blvd Austin, TX 78719	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		8 PURPOSE OF EXPENDITURE <div style="display: flex; justify-content: space-between;"> (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airport Parking </div>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/11/2025	Payee name Chili's	
Amount (\$) \$27.32	Payee address; City; State; Zip Code 8008 Cedar Springs Rd C2396 Dallas, TX 75235	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		PURPOSE OF EXPENDITURE <div style="display: flex; justify-content: space-between;"> Category (See Categories listed at the top of this schedule) Food/Beverage Expense Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Food/Beverages </div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/08/2025	Payee name Chili's	
Amount (\$) \$31.20	Payee address; City; State; Zip Code 8008 Cedar Springs Rd C2396 Dallas, TX 75235	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		PURPOSE OF EXPENDITURE <div style="display: flex; justify-content: space-between;"> Category (See Categories listed at the top of this schedule) Food/Beverage Expense Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Food/Beverages </div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/3 Rpt: 5/6	2 FILER NAME Hawkins, Kyle D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00090233
4 Date 11/17/2025	5 Payee name Clay Pit	
6 Amount (\$) \$120.10	7 Payee address; City; State; Zip Code 1601 Guadalupe St. Austin, TX 78701	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		8 PURPOSE OF EXPENDITURE <div style="display: flex; justify-content: space-between;"> (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> <div style="margin-top: 10px;">Meeting Food/Beverages</div>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/21/2025	Payee name Einstein Bros.	
Amount (\$) \$22.96	Payee address; City; State; Zip Code 1200 Louisiana St. Houston, TX 77002	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		PURPOSE OF EXPENDITURE <div style="display: flex; justify-content: space-between;"> Category (See Categories listed at the top of this schedule) Food/Beverage Expense Description </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> <div style="margin-top: 10px;">Travel Food/Beverages</div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/20/2025	Payee name Einstein Bros.	
Amount (\$) \$19.91	Payee address; City; State; Zip Code 1200 Louisiana St. Houston, TX 77002	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		PURPOSE OF EXPENDITURE <div style="display: flex; justify-content: space-between;"> Category (See Categories listed at the top of this schedule) Food/Beverage Expense Description </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> <div style="margin-top: 10px;">Travel Food/Beverages</div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 3/3 Rpt: 6/6	2 FILER NAME Hawkins, Kyle D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00090233	
4 Date 10/29/2025	5 Payee name Ling Wu		
6 Amount (\$) \$50.01	7 Payee address; City; State; Zip Code 7415 Southwest Pkwy Bldg 3 Ste 400 Austin, TX 78735		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting Food/Beverages	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/29/2025	Payee name Postable		
Amount (\$) \$985.49	Payee address; City; State; Zip Code 1180 6th Ave. New York, NY 10036		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held