FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080005 36 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Kristen Brauchle NAME Date Received **ELECTRONICALLY FILED** 01/15/2021 NICKNAME LAST **SUFFIX** Hawkins CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 66816 MAILING Receipt # Amount **ADDRESS** X Change of Address Houston, TX 77266 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Amber J'Na NAME NICKNAME LAST **SUFFIX** Burton **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 6730 Hawsley Way **ADDRESS** (Residence or Business) Sugar Land, TX 77479 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 326-7765 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2020 12/31/2020 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/03/2020 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 11 Harris District Judge District 11

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 36

13 C / OH NAME	Hawkins, Kristen Bra	uchle (The Honorable)		14 Filer ID 00080005	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepte These expenditures may have d officeholders are required to	e been made without to	he candidate's or o	fficeholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
ш .	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN T	REASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRES	S		
16 CONTIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBU	 JTIONS(OTHER THAN	PLEDGES, LOAN	S,	
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRI			\$	0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUA	ARANTEES OF LOANS	5)	\$	39,506.03
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDIT	URES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES			\$	38,352.13
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTRIOD	TAINED AS OF THE LA	AST DAY OF THE	\$	145,415.26
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTS TING PERIOD	TANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFADAVIT						
		true and	or affirm, under penalty correct and includes al le 15, Election Code.	of perjury, that the I information require	accompanyin ed to be report	g report is ed by me
			The Honorable	Kristen Brauchle	Hawkins	
			Signature of	Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
		ertify which, witness my hand				
Signature of offi	cer administering oath	Printed name of officer	administering oath	Title of off	icer administe	ring oath

SUBTOTALS - JC/OH

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

					3 of 36
	ER NAN	ME Kristen Brauchle (The Honorable)	19 Filer ID 00080005	(Ethic	cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	36,560.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,946.03
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	38,352.13
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	7.31

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	SCH	HEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Sch Sch: 1/13 Rpt	
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorable)	1		3 Filer ID (Ethic 00080005	es Commission Filers)
4	Date 09/30/2020	 5 Full name of contributor [Adler, Jim 6 Contributor address; City; Statement [Address] Houston, TX 77027-3274 	out-of-state PAC (ID#:_ te; Zip Code)	7 Amount of Cont	tribution (\$) \$500.00
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	•	
	Attorney			Attorney		
10	Contributor's 6	employer/law firm Associates		11 Law firm of contributor's sp	oouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if ar	y)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Cont	tribution (\$)
	09/23/2020	Allbritton, Lee Contributor address; City; Sta Austin, TX 78731-1114	te; Zip Code			\$100.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Recruiter			Recruiter		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)	
	Amicus Sea	rch Group				
	If contributor is	s a child, law firm of parent(s) (if ar	y)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Cont	tribution (\$)
	09/30/2020	Anthony G. Buzbee LP Contributor address; City; Sta	te; Zip Code			\$2,500.00
		Houston, TX 77002-3004				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if ar	у)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 2/13 Rpt: 5/36
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorabl	e)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 10/05/2020	Full name of contributor Aziz, Muhammad Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$4,000.00
		Houston, TX 77002-1707				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm atkins Nichols Sorrels Agosto	& Aziz	11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/03/2020	Baker Botts Amicus Func Contributor address; City; S				\$2,500.00
		Houston, TX 77002-4916				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/23/2020	Bauza, Istra				\$35.00
		Contributor address; City; S				
		Houston, TX 77030-2112				
	Contributor's I	Principal Occupation		Contributor's Job Title N/A		
_		employer/law firm		Law firm of contributor's sp	20116	co (if any)
	N/A	етіріоуетлам інті		Law IIIII of Continutions Sp	Jous	se (ii ariy)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 3/13 Rpt: 6/36
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorabl	e)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 09/30/2020	5 Full name of contributor Bergen Jr., David6 Contributor address; City; S			7	Amount of Contribution (\$) \$25.00
		Houston, TX 77054-1520				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10		ampleyer/ley firm		N/A	2011	oo (if any)
10	N/A	employer/law firm		11 Law firm of contributor's sp	Jou	se (II ally)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/30/2020	Bracewell Contributor address; City; S				\$1,000.00
	0	Houston, TX 77002-2770		I 0		
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	<u></u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/08/2020	Bradley Arant Boult Cum	mings Texas PAC			\$1,500.00
		Contributor address; City; S Dallas, TX 75270-2107	tate; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 4/13 Rpt: 7/36
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorab	le)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 09/16/2020	5 Full name of contributor Cancienne, Michael6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$400.00
		Houston, TX 77056-3841	L			
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm ch & Cancienne PLLC		11 Law firm of contributor's sp	oous	se (if any)
12			on d			
12	i ii contributor ii	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/25/2020	Carrigan, Mark Contributor address; City; S	State; Zip Code			\$1,000.00
		Houston, TX 77008-6911	L			
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		v Group P.C.				
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	09/30/2020	Criaco & Associates	_			\$1,000.00
		Contributor address; City; S				
	Contributor's	Houston, TX 77060-4063	•	Contributor's Joh Title	<u> </u>	
	Continbutors	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	<u>I</u>		

	MONET	ARY POLITICAL CO	NTRIBUTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to	complete this form.	1 Total pages Schedule A(J)1: Sch: 5/13 Rpt: 8/36
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Hawkins, Kr	isten Brauchle (The Honorable)		00080005
4	Date	5 Full name of contributor	7 Amount of Contribution (\$)	
	09/24/2020	Drinnon, Rodney	\$250.00	
		6 Contributor address; City; State;	Zip Code	
		Houston, TX 77027-3744		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	spouse (if any)
	McCathern I	Houston		
12	If contributor i	s a child, law firm of parent(s) (if any)	·	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/26/2020	Farah, George	`	\$500.00
		Contributor address; City; State;	Zip Code	··
		Houston, TX 77006-1207		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	George K. F	arah		
	If contributor i	s a child, law firm of parent(s) (if any)		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/23/2020	Feldman, Cris		\$500.00
		Contributor address; City; State;	Zip Code	···
		Houston, TX 77098-1789		
	Contributor's	Principal Occupation	Contributor's Job Title	•
	Attorney		Attorney	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	Feldman & F	Feldman PC		
	If contributor i	s a child, law firm of parent(s) (if any)	•	
l				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.		ges Schedule A(J)1: 13 Rpt: 9/36	
2	FILER NAME				3 Filer ID	(Ethics Commission Filers)	_
	Hawkins, Kr	isten Brauchle (The Honorab	le)		000800	05	
4	Date	ate 5 Full name of contributor out-of-state PAC (ID#:)			7 Amount	of Contribution (\$)	_
	09/14/2020					\$2,500.	00
		6 Contributor address; City; S	State; Zip Code				
		Sugar Land, TX 77479-4	180				
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)		
	Fernelius Si	mon Mace Robertson Perdue	PLLC				
12	If contributor i	s a child, law firm of parent(s) (if	any)	•			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)	_
	09/07/2020	Garcia, Juan				\$500.	00
		Contributor address; City; S	State; Zip Code				
		Katy, TX 77074					
		Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's s	pouse (if any)		
	Johnson Ga	rcia LLP					
	If contributor i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)	
	09/23/2020	Garza, Dax	_			\$1,000.	00
		Contributor address; City; S	State; Zip Code				
		Houston, TX 77002-6602	2				
	Contributor's	Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)		
	Dax F. Garz	a PC					
	If contributor i	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 7/13 Rpt: 10/36
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Hawkins, Kr	isten Brauchle (The Honorable)		00080005
4	Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$)	
	09/23/2020	Gibbs, Robin C.	\$1,000.00	
		6 Contributor address; City; State; Zip Code		
		Houston, TX 77002-5215		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	•
	Attorney		Attorney	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
	Gibbs & Bru	ns LLP		
12	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/14/2020	Hataway-Cone, Misty		\$250.00
		Contributor address; City; State; Zip Code		"
		Houston, TX 77008-6913		
	Contributor's	I Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	Cone PLLC			
_	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/01/2020	Hernandez, Ana		\$500.00
		Contributor address; City; State; Zip Code		"
		Houston, TX 77251-1287		
	Contributor's	I Principal Occupation	Contributor's Job Title	1
	State Repre		State Representative	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	State of Tex			
	If contributor i	s a child, law firm of parent(s) (if any)		
\vdash				

	MONET	ARY POLITICAL CO	NTRIBUTIC	ONS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how to	complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 8/13 Rpt: 11/36	
2	FILER NAME Hawkins, Kr	isten Brauchle (The Honorable)			3 Filer ID (Ethics Commission Filers) 00080005	
4	Date 09/23/2020	5 Full name of contributor Herring, Mason6 Contributor address; City; State; Houston, TX 77027-4706	out-of-state PAC (ID#:_ Zip Code		7 Amount of Contribution (\$) \$1,000.0	0
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		_
	Attorney			Attorney		
10	Contributor's of Herring Law	employer/law firm Firm		11 Law firm of contributor's sp	spouse (if any)	
12	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	=
	09/30/2020	Hicks Thomas Contributor address; City; State; Houston, TX 77002-2723			\$500.0	0
	Contributor's I	Principal Occupation		Contributor's Job Title		_
	Contributor's	employer/law firm		Law firm of contributor's sp	spouse (if any)	_
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	=
	09/24/2020	Kherkher, Steven Contributor address; City; State; Houston, TX 77098-3130	Zip Code		\$2,500.0	0
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	spouse (if any)	
	Kherkher Ga	arcia LLP				
	If contributor i	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/13 Rpt: 12/36
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorab	le)		3	Filer ID (Ethics Commission Filers) 00080005
4	Date 09/23/2020	5 Full name of contributor Kim, John6 Contributor address; City; S			7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77024-7795	5			
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's of The Kim Lav	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	anyl			
12	. II CONTINUATOR II	s a criliu, law lilili or pareril(s) (ii	arry)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	10/05/2020	Law Office of Scott Lann				\$200.00
		Contributor address; City; S Baytown, TX 77521-3170				
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	09/23/2020	Marcum, Gregory				\$100.00
		Contributor address; City; S Houston, TX 77046-0102				
	Contributor's F	Principal Occupation		Contributor's Job Title	•	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Marcum PC					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CONT	RIBUTIC	ONS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how to com	plete this f	orm.	1 Total pages Schedule A(J)1: Sch: 10/13 Rpt: 13/36	_
2	FILER NAME Hawkins, Kri	sten Brauchle (The Honorable)			3 Filer ID (Ethics Commission Filers) 00080005	
4	Date 09/21/2020	 5 Full name of contributor out-of-Meyn, Anne 6 Contributor address; City; State; Zip C Houston, TX 77005-2735 	state PAC (ID#:_ ode		7 Amount of Contribution (\$) \$100.0	_)
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		-
•	N/A			N/A		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	spouse (if any)	_
12	If contributor is	s a child, law firm of parent(s) (if any)				_
	Date	Full name of contributor out-of-	state PAC (ID#:_)	Amount of Contribution (\$)	=
	10/20/2020	Norton Rose Fulbright Contributor address; City; State; Zip C Houston, TX 77010-3095			\$1,500.0	J
	Contributor's I	Principal Occupation		Contributor's Job Title		_
	Continuators	-micipal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	spouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-	state PAC (ID#:_)	Amount of Contribution (\$)	=
	09/23/2020	Riley, Timothy Contributor address; City; State; Zip C Houston, TX 77007-2502	ode		\$100.0)
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	spouse (if any)	
	Riley Law Fi	rm				
	If contributor is	s a child, law firm of parent(s) (if any)				
						-

	MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A(J)1				
	The Instru	ction Guide explains how to complete	1 Total pages Schedule A(J)1: Sch: 11/13 Rpt: 14/36					
	FILER NAME Hawkins, Kr	isten Brauchle (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080005				
	<u> </u>		C (ID#:)	7 Amount of Contribution (\$) \$100.00				
		Houston, TX 77002-1732						
8	Contributor's	Principal Occupation	•					
	Attorney		Attorney					
10	Contributor's Haynes and	employer/law firm Boone, LLP	11 Law firm of contributor's	spouse (if any)				
12		s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor out-of-state PAG	C (ID#·)	Amount of Contribution (\$)				
	09/23/2020	SULLO, ANDREW	O (ID#)	\$100.00				
		Contributor address; City; State; Zip Code						
		Houston, TX 77098-4801						
	Contributor's	Principal Occupation	Contributor's Job Title					
	Attorney		Attorney					
	Contributor's SULLO & SI	employer/law firm JLLO	Law firm of contributor's	spouse (if any)				
	If contributor i	s a child, law firm of parent(s) (if any)	l					
	Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of Contribution (\$)				
	10/28/2020	Seth, Kretzer		\$250.00				
		Contributor address; City; State; Zip Code Houston, TX 77002-1639						
	Contributorio		Contributor's Job Title					
	Attorney	Principal Occupation	Attorney					
	Contributor's	employer/law firm	Law firm of contributor's	spouse (if any)				
		of Seth Kretzer						
	If contributor i	s a child, law firm of parent(s) (if any)						

	MONET	ARY POLITICAL CONTI		SCHEDULE A	A(J)1		
	The Instru	ction Guide explains how to com	orm.	l	al pages Schedule A(J)1 n: 12/13 Rpt: 15/36	:	
2	FILER NAME Hawkins, Kri	isten Brauchle (The Honorable)				er ID (Ethics Commission 180005	on Filers)
4	Date 10/30/2020 5 Full name of contributor out-of-state PAC (ID#:) Shrader, Justin 6 Contributor address; City; State; Zip Code Houston, TX 77046-0941				7 Am	ount of Contribution (\$)	\$2,000.00
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title	<u> </u>		
	attorney			Attorney			
10	Contributor's e Shrader & A	employer/law firm ssociates		11 Law firm of contributor's sp	ouse (if	any)	
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-	state PAC (ID#:_)	Am	ount of Contribution (\$)	
	09/23/2020 Spagnoletti, Marcus Contributor address; City; State; Zip Code Houston, TX 77002-1629						\$5,000.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney	- Francisco - Colores		Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if	any)	
	Spagnoletti I	Law Firm					
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-	state PAC (ID#:_)	Am	ount of Contribution (\$)	
09/23/2020 Sullivan Jr., Roger Andrew Contributor address; City; State; Zip Code Houston, TX 77007-7524		ode				\$500.00	
	Contributor's F	Principal Occupation		Contributor's Job Title			
Attorney Attorney							
Contributor's employer/law firm Law firm of contrib					ouse (if	any)	
Brann Sullivan Trial Lawyers PLLC							
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONETA	SCHEDULE A(J)1			
	The Instruc	Total pages Schedule A(J)1: Sch: 13/13 Rpt: 16/36			
2	FILER NAME	sten Brauchle (The Honorable)	1	Filer ID (Ethics Commission Filers) 00080005	
4	Date 10/12/2020				Amount of Contribution (\$) \$50.00
		Houston, TX 77006-5451			
8		rincipal Occupation	9 Contributor's Job Title		
	Attorney		Attorney		
10	Contributor's er Kwok Daniel	mployer/law firm	11 Law firm of contributor's sp	oouse	e (if any)
12		a child, law firm of parent(s) (if any)			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 17/36 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hawkins, Kristen Brauchle (The Honorable) 00080005 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 10/30/2020 Amicus PAC \$2,946.03 | Direct mail 7 Contributor address; City; State; Zip Code Houston, TX 77401 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 1/17 Rpt: 18/36	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080005
4	Date	5 Payee name
	09/30/2020	Association of Women Attorneys
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	2450 Louisiana St #400
		Houston, TX 77006
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Membership fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/29/2020	Brooks IT
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.95	PO Box 926202
	Ψ04.00	1 0 Box 020202
		Houston, TX 77292-6202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Campaign IT
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	11/30/2020	Brooks IT
<u> </u>		
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.95	PO Box 926202
		Houston, TX 77292-6202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign IT
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 2/17 Rpt: 19/36	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080005
4	Date 08/03/2020	5 Payee name Brooks IT
6	Amount (\$) \$209.30	7 Payee address; City; State; Zip Code PO Box 926202
8	PURPOSE OF EXPENDITURE	Houston, TX 77292-6202 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign IT
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 11/05/2020	Payee name Brooks IT
	Amount (\$) \$129.90	Payee address; City; State; Zip Code PO Box 926202
	PURPOSE OF EXPENDITURE	Houston, TX 77292-6202 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign IT
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/14/2020	Payee name Cardona, James
	Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 5216 Leeland St
		Houston, TX 77023
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica	Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contra	ract Labor	Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete thi	is form.	
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
	Sch: 3/17 Rpt: 20/36	Hawkins, Kristen Brauchle (The Honorable)		00080005
4	Date	5 Payee name		
	10/13/2020	Cardona, James		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$2,000.00	5216 Leeland St		
		Houston, TX 77023		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription	
	OF EXPENDITURE		Check if travel outs	ide of Texas. Complete Schedule T.
	LAPENDITORE			, officeholder living expense
		Con	nsulting fee	
_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office held
	Date	Payee name		
	10/13/2020	Cardona, James		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2,000.00	5216 Leeland St		
		Houston, TX 77023		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	cription	
	OF EXPENDITURE	Consuling Expense		ide of Texas. Complete Schedule T.
		H	nsulting fee	, officeholder living expense
			louiding roo	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	10/13/2020	Cardona, James		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2,000.00	5216 Leeland St		
	42,000.00	ozio zoolana ot		
		Houston, TX 77023		
	DUDDOCE			
	PURPOSE OF	(b) Description (See Categories listed at the top of this schedule) Consulting Expense		ide of Texas. Complete Schedule T.
	EXPENDITURE	Consuming Expense		, officeholder living expense
		Con	nsulting fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office held
	expenditure to benefit C/O			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/17 Rpt: 21/36	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	11/13/2020	Cardona, James
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	5216 Leeland St
		Houston, TX 77023
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Consulting fee
		Consuming lee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davies name
	12/09/2020	Payee name Cardona James
		Cardona, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	5216 Leeland St
		Houston, TX 77023
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Consulting fee
		Consulting lee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 07/21/2020	Payee name Direct TV
	Amount (\$)	Payee address; City; State; Zip Code
	\$141.91	PO Box 105503
		Atlanta, GA 30348-5503
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Cable for office
		Cable for office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/17 Rpt: 22/36	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	11/17/2020	Goode Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$220.64	5109 Kirby Dr
		Houston, TX 77098
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for staff (Thanksgiving)
		1 ood for stair (Thanksgiving)
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	•	
	Date	Payee name
	09/08/2020	HBAD
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	5300 Griggs Rd.
		Houston, TX 77021
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Condidate/Office helds
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/21/2020	Harland Clarke
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.45	15955 La Cantera Pkwy
		San Antonio, TX 78256
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Check printing fee
		Check printing lee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
Ļ		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		
	Sch: 6/17 Rpt: 23/36	Hawkins, Kristen Brauchle (The Honorable) 00080005	
4	Date	5 Payee name	
	10/13/2020	Harris County Democratic Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,643.00	4619 Lyons	
		Houston, TX 77020	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
ľ	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Donation	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	_
	09/11/2020	Harris County Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$10,000.00	4619 Lyons	
	420,000.00	loso Lyono	
		Houston TV 77020	
		Houston, TX 77020	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
		Donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
		T -	_
	Date	Payee name	
	11/09/2020	Houston Bar Foundation	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,040.00	1111 Bagby St	
		Ste 200	
		Houston, TX 77002-2592	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Donation for 2020 Harvest Campaign	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	
ı			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	Total manage Calmadala 54	
	Total pages Schedule F1: Sch: 7/17 Rpt: 24/36	2 FILER NAME Hawkins, Kristen Brauchle (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080005
4	Date	5 Payee name
	09/08/2020	Houston GLBT Caucus PAC
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 66664 Houston, TX 77266-6664
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/30/2020	Jimmy Johns
	Amount (\$)	Payee address; City; State; Zip Code
	\$999.08	2401 W. Holcombe Blvd
		Houston, TX 77030
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Jury meals
		July meals
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/10/2020	Jonathan's Fine Jewelers Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	6222 Richmond Ave
		#435
		Houston, TX 77057
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		Judge's portion for gifts for departing judges
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Le	ft/Awards/Memorials gal Services he Instruction Gu	•		ages.	/Contract Labor		Travel Out of Di OTHER (enter a	strict category not listed above)	
┰	Total pages Schedule F1:	12							2	Filor ID	(Ethics Commission Fi	lore)
1	Sch: 8/17 Rpt: 25/36	ı		ten Brauchle (The Honora	able)			3	Filer ID 00080005	(Ethics Commission Fi	iers)
4	Date	5	Payee name									
	11/06/2020		Luby's									
6	Amount (\$)	7	Payee address	; City;	State;	Zip Co	de					
	\$249.59		13111 Northy	est Freeway								
			Suite 600									
			Houston, TX	77040								
8	PURPOSE	(a)	Category (Soo	Categories listed at tl	no top of this scho	odulo)	(b)	Description				
	OF		Food/Beverag		ie top oi triis scrie	edule)	(-,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		1 000/2010/0	go Expondo				Check if Austin,	, TX,	officeholder living	g expense	
								Food for Jury	,			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	holder name	0	Office sou	ght			Office h	eld	
	Date		Payee name									
	11/05/2020		Luby's									
	Amount (\$)		Payee address	; City;	State;	Zip Co	de					
	\$257.17		13111 Northy	est Freeway								
	*		Suite 600									
				77040								
			Houston, TX	77040								
	PURPOSE OF	(a)	Category (See	Categories listed at tl	ne top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Beverag	ge Expense				—			plete Schedule T.	
								Food for Jury		officeholder living	j experise	
								Food for Jury				
	0 1: 01 1/4 1	<u> </u>								0,111		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	noider name		Office sou	gnt			Office h	eia	
	Date		Payee name									
	11/04/2020		Luby's									
	Amount (\$)		Payee address	; City;	State;	Zip Co	de					
	\$234.75		13111 Northy	est Freeway								
			Suite 600									
			Houston, TX	77040								
		١.,										
	PURPOSE OF			Categories listed at the	ne top of this sche	edule)	(b)	Description	outoi	do of Toyon Com	iplete Schedule T.	
	EXPENDITURE		Food/Beveraç	ge Expense				므		officeholder living	•	
								Food for Jury		omoonoido: iiviii,	g expense	
_	Complete ONLY if direct	Щ	Candidate/Office	holder name		Office sou	nht			Office h	2ld	
	expenditure to benefit C/OI		andidate/Office	noider name	O	moc sou(9111			Omoc II	oiu.	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/17 Rpt: 26/36	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	11/02/2020	Luby's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$249.59	13111 Northwest Freeway
		Suite 600
		Houston, TX 77040
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Food for Jury
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
F	Date	Payee name
	10/29/2020	Luby's
H	Amount (\$)	Payee address; City; State; Zip Code
	\$287.48	13111 Northwest Freeway
		Suite 600
		Houston, TX 77040
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for Jury
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	•
⊨	Date	Payee name
	10/28/2020	Luby's
┝		,
	Amount (\$) \$267.48	
	Φ207.40	13111 Northwest Freeway
		Suite 600
		Houston, TX 77040
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Jury
		1 Journal Sury
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services		alaries/Wa		e /Contract Labor		OTHER (enter a	a category not listed a	bove)
	oroan oara'r aymon			The Instruction Gu	ide explains hov	w to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 10/17 Rpt: 27/36		Hawkins, Kr	isten Brauchle (The Honorab	le)				00080005		
4	Date	5	Payee name									
	10/26/2020		Luby's									
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Coc	de					
	\$242.48		13111 North	nwest Freeway								
			Suite 600									
			Houston, TX	< 77040								
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this schedu	ıle)	(b)	Description				
	OF EXPENDITURE			age Expense	·			Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	LAFENDITORE							_		officeholder livin	g expense	
								Food for Jury	'			
_		L										
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Office	ceholder name	Offic	ce soug	ght			Office h	eld	
_		_										
	Date		Payee name									
	10/23/2020		Luby's									
	Amount (\$)		Payee addres		State; Z	Zip Cod	de					
	\$242.48		13111 North	nwest Freeway								
			Suite 600									
			Houston, TX	< 77040								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this schedu	ile)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				=			nplete Schedule T.	
								Food for Jury		officeholder livin	g expense	
								roou for Jury				
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	Offic	ce soug	tht			Office h	eld	
	expenditure to benefit C/O		24.14.44.67			00 0048	gc			CC	0.0	
	Date		Payee name									
	10/22/2020		Luby's									
	Amount (\$)		Payee addres	ss; City;	State; Z	Zin Cor	de.					
	\$227.33		•	nwest Freeway	State, 2	ip Coc	uc					
	Ψ221.00		Suite 600	westriceway								
				/ 770 40								
			Houston, TX			1						
	PURPOSE OF	(a)		ee Categories listed at th	ne top of this schedu	ile)	(b)	Description	oto:	de of Toyon Con	anlata Cahadula T	
	EXPENDITURE		Food/Bever	age Expense				ш		officeholder livin	nplete Schedule T. a expense	
								Food for Jury			9	
								,				
	Complete ONLY if direct		Candidate/Offi	ceholder name	Offic	ce soug	ght			Office h	eld	
	expenditure to benefit C/O											
I												

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/17 Rpt: 28/36	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	11/11/2020	Merida Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.36	2509 Navigation Blvd
		Houston, TX 77003
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign meeting
		Campaign meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	09/08/2020	Meyerland Area Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 310061
		Houston, TX 77231-0061
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Bondaon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	12/02/2020	NGP VAN Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.38	1101 15th St NW
		Ste 500
		Washington, DC 20005-5006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign database
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/17 Rpt: 29/36	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	11/02/2020	NGP VAN Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$162.38	1101 15th St NW
		Ste 500
		Washington, DC 20005-5006
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign database
		Campaign database
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	10/02/2020	NGP VAN Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.38	1101 15th St NW
		Ste 500
		Washington, DC 20005-5006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign database
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/02/2020	NGP VAN Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.38	1101 15th St NW
		Ste 500
		Washington, DC 20005-5006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign database
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/17 Rpt: 30/36	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	08/03/2020	NGP VAN Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	1101 15th St NW
		Ste 500
		Washington, DC 20005-5006
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign database
		Campaign database
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	07/02/2020	NGP VAN Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1101 15th St NW
		Ste 500
		Washington, DC 20005-5006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign database
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	07/02/2020	Paragon Payment Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.82	1505 N Hydin Rd.
		Ste 110
		Pittsburgh, PA 15257-0001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Processing fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Opnations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 14/17 Rpt: 31/36	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	08/03/2020	Paragon Payment Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.50	1505 N Hydin Rd.
		Ste 110
		Pittsburgh, PA 15257-0001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	Dete	
	Date	Payee name
	09/02/2020	Paragon Payment Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.03	1505 N Hydin Rd.
		Ste 110
		Pittsburgh, PA 15257-0001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fee
		1 Toccssing ice
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/02/2020	Paragon Payment Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,154.92	1505 N Hydin Rd.
		Ste 110
		Pittsburgh, PA 15257-0001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			Expens Wages	e /Contract Labor		Travel in District Travel Out of Distri OTHER (enter a ca	ct ttegory not listed above)
1	Total pages Schedule F1:	ı							3		(Ethics Commission Filers)
L	Sch: 15/17 Rpt: 32/36		Hawkins, Kı	risten Brauchle (Th	e Honora	able)				00080005	
4	Date	5	Payee name								
	11/02/2020		Paragon Pa	yment Solutions							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$60.65		1505 N Hyd	lin Rd.							
			Ste 110								
			Pittsburgh, I	PA 15257-0001							
8	PURPOSE	(a)	Category (Sc	ee Categories listed at the to	n of this scho	idule)	(b)	Description			
	OF	<u> `</u> ´	Fees	se Calegories listed at the to	p or tries scrie	idul e)	`´		outsio	de of Texas. Comple	ete Schedule T.
	EXPENDITURE							—		officeholder living e	xpense
								Processing fe	ee		
Ļ						•	<u> </u>			- · · ·	
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	0	ffice sou	ught			Office held	1
	Date		Payee name								
	12/02/2020		Paragon Pa	yment Solutions							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$130.80		1505 N Hyd	lin Rd.							
			Ste 110								
			Pittsburgh, I	PA 15257-0001							
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	n of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Fees	oo oalogonoo nolou al ino lo	p 0. a.io 00.io	idaio)		Check if travel of		de of Texas. Comple	
	EXPENDITORE							_		officeholder living e	xpense
								Processing fe	ee		
_	Occupation Children	L	Name and 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-	tt: -	<u> </u>			6‴	
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offi	ceholder name	0	ffice sou	ugnt			Office held	1
-	Date		Payee name								
	12/10/2020		•	cas House of Repre	esentative	es					
	Amount (\$)	<u> </u>	Payee addres	<u> </u>		Zip Co	nde				
	\$75.00	ı	P.O. Box 29	•	ડાતાર,	Zip C(oue				
	φι 3.00		1 .O. DUX 28	,10							
			Austin, TX 7	78768					_		
	PURPOSE OF			ee Categories listed at the to		dule)	(b)	Description			
	OF EXPENDITURE		Gift/Awards	/Memorials Expens	se			_		de of Texas. Comple officeholder living e	
								_			xpense parting judges
								- aago o portic	1	gto 101 de	
-	Complete ONLY if direct		Candidate/Offi	ceholder name	Ω	ffice sou	l Jaht			Office held	1
	expenditure to benefit C/O		.a. raraato Om	cooidoi namo	O	00 000	~9·11			Cinoc non	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/17 Rpt: 33/36	Hawkins, Kristen Brauchle (The Honorable) 00080005
4	Date	5 Payee name
	09/03/2020	Texas Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	1210 San Antonio St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Membership fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	12/17/2020	Texas Lyceum
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	6046 Azalea Ln
	+=,== 0.00	
		Dallas, TX 75230-3406
		Tu.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Membership fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	expenditure to benefit C/OI	Н
	expenditure to benefit C/Ol	Payee name
	Date 10/14/2020	Payee name Texas Lyceum
	Date 10/14/2020 Amount (\$)	Payee name Texas Lyceum Payee address; City; State; Zip Code
	Date 10/14/2020 Amount (\$)	Payee name Texas Lyceum Payee address; City; State; Zip Code
	Date 10/14/2020 Amount (\$) PURPOSE	Payee name Texas Lyceum Payee address; City; State; Zip Code 6046 Azalea Ln
	Date 10/14/2020 Amount (\$) PURPOSE OF	Payee name Texas Lyceum Payee address; City; State; Zip Code 6046 Azalea Ln Dallas, TX 75230-3406 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	Date 10/14/2020 Amount (\$) PURPOSE	Payee name Texas Lyceum Payee address; City; State; Zip Code 6046 Azalea Ln Dallas, TX 75230-3406 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 10/14/2020 Amount (\$) PURPOSE OF	Payee name Texas Lyceum Payee address; City; State; Zip Code 6046 Azalea Ln Dallas, TX 75230-3406 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	Date 10/14/2020 Amount (\$) PURPOSE OF EXPENDITURE	Payee name Texas Lyceum Payee address; City; State; Zip Code 6046 Azalea Ln Dallas, TX 75230-3406 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship
	Date 10/14/2020 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Texas Lyceum Payee address; City; State; Zip Code 6046 Azalea Ln Dallas, TX 75230-3406 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship Candidate/Officeholder name Office sought Office held
	Date 10/14/2020 Amount (\$) PURPOSE OF EXPENDITURE	Payee name Texas Lyceum Payee address; City; State; Zip Code 6046 Azalea Ln Dallas, TX 75230-3406 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship Candidate/Officeholder name Office sought Office held
	Date 10/14/2020 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Texas Lyceum Payee address; City; State; Zip Code 6046 Azalea Ln Dallas, TX 75230-3406 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		/ages	s/Contract Labor	Travel Out of Dis OTHER (enter a	trict category not listed above)
<u> </u>	T.1 6111=:	_	<u> </u>				E1 15	(Ethio O
1	Total pages Schedule F1:	ı				3		(Ethics Commission Filers)
	Sch: 17/17 Rpt: 34/36	╙	Hawkins, Kristen Brauchle (The Hono	rable)			00080005	
4	Date		Payee name					
	10/13/2020		United States Postal Service					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de			
	\$130.00		1319 Richmond Ave					
			Houston, TX 77006-5453					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense				side of Texas. Comp	
	-					PO Box rental	K, officeholder living	expense
						FO BOX TEITIGI		
Ļ		<u> </u>						
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ght		Office he	eld
	onpolicitate to beliefit 6/01	_						
	Date		Payee name					
	09/08/2020		Women In November PAC					
	Amount (\$)		Payee address; City; State	e; Zip Co	de			
	\$500.00		15918 Cavendish					
			Houston, TX 77059					
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description		
	OF EXPENDITURE		Contributions/Donations Made By	/	-	Check if travel outs	side of Texas. Comp	
	EXPENDITURE		Candidate/Officeholder/Political Comr	nittee			K, officeholder living	expense
						Donation		
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ght		Office he	eld
	experience to beliefft C/OI							

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

SCHEDULE K

	The Instru		ages Schedule K: /2 Rpt: 35/36				
2	FILER NAME		3	Fi	ler ID	(Ethics Commission Fi	lers)
	Hawkins, Kri	isten Brauchle (The Honorable)		00	0800	005	
4	Date 12/22/2020	Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)	\$1.13			
		Houston , TX 77251-1315					
			contr	ibution returned to filer			
		December interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	11/24/2020	Frost Bank				(·)	\$1.31
		Address of person from whom amount is received; City; State; Zip Code					
		Houston , TX 77251-1315					
		<u> </u>	ck if politi	ical	contr	ibution returned to filer	
		November interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	10/23/2020	Frost Bank					\$1.22
		Address of person from whom amount is received; City; State; Zip Code					
		Houston , TX 77251-1315					
			ck if politi	ical	contri	ibution returned to filer	
		October interest	·				
	Date	Name of person from whom amount is received				Amount (\$)	
	09/23/2020	Frost Bank					\$1.14
		Address of person from whom amount is received; City; State; Zip Code					
		11 TV 77054 4045					
		Houston , TX 77251-1315					
		Purpose for which amount is received	ck if politi	ical	contr	ibution returned to filer	
	Date 08/24/2020	Name of person from whom amount is received Frost Bank				Amount (\$)	\$1.31
	08/24/2020						Ф1.31
		Address of person from whom amount is received; City; State; Zip Code					
		Houston , TX 77251-1315					
			ck if politi	ical	contr	ibution returned to filer	
		August interest	-				
		1					

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 36/36 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hawkins, Kristen Brauchle (The Honorable) 00080005 5 Name of person from whom amount is received 8 Amount (\$) 07/22/2020 \$1.20 Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77251-1315 Purpose for which amount is received Check if political contribution returned to filer July interest