CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			The second secon		
The C/OH Instruction G	Buide explains how	to complete this form.	1 Filer ID (Ethlcs Commission Filers)	2 Total pages filed: 6	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mrs.	FIRST Linda	мі А .	OFFICE USE ONLY	
NAME	NICKNAME	LAST Hawkins	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX		city; state; zip code Kyle TX 78640	Received FEB 22 2022 Elections Office	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 920 - 0214	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR Mrs.	FIRST Linda	мі А.	Receipt # Amount \$	
NAME	NICKNAME	LIIIUA	A. SUFFIX	Date Processed	
		Hawkins		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	suite #; City; Kyle	STATE: ZIP CODE TX 78640	
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 920 - 0214	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before a 8th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 1	Day Year / 21 / 22	Month	Day Year / 19 / 22	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year 3 / 1 / 22 General Special				
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) County Commissioner Precinct 2				
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
nucleonar r egos	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
	1	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		1		
15 C/OH NAME Linda Aguilar Hawkins	5		16 Filer ID (Ethio	S Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,		\$	375.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	KPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITU	RES	\$	229.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	S MAINTAINED AS OF THE LAS	T DAY \$	1,377.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF AL LAST DAY OF THE REPORTING PE		THE \$	0.00
	Please complet	e either option below	ndidate or Office	holder
(1) Affidavit	LORENA MORA Notary Public, State o My Comm. Exp. 11-04 ID No. 13343198	LES f Texas +2025		
NOTARY STAMP/SEA Sworn to and subscribed	E INVALLA MADORILE	this the	18 day of	February.
20 nr to certify	which, witness my hand and seal of office.	8	No	terns
Signature of officer administe			Title of o	fficer administering oath
	OR			
(2) Unsworn Declaration				
My name is		, and my date of birth is	-	
My address is				
	(street)	(city) (s	tate) (zip code	e) (country)
Executed in	County, State of,		. 20	
		(month	the second s	ar)
		Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Com Linda Aguilar Hawkins			nmissio	n Filers)	
	CHEDULE SUBTOTALS AME OF SCHEDULE		_	UBTOTAL	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	375.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			229.30	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED			\$	

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Two
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Linda Agu	ilar Hawkins	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
01/21/2022		100.00
	6 Contributor address; City; State; Zip Code 373 Tobin Drive Buda, TX 78610	100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
01/23/2022	Carlos Aguilar	100 00
JIZOILOLL	Contributor address; City; State; Zip Code	100.00
	2207 Raun Lane El Campo, TX 77437	
Principal occup	bation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/02/2022	Christopher Jones	E0.00
	Contributor address; City; State; Zip Code	50.00
	11 Spruce Street Elkins, WV 26241	
Principal occu	Deation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
02/11/2022	David Albert	400.00
0211112022	Contributor address; City; State; Zip Code	100.00
	1101 Grove Blvd. #703 Austin, TX 78741	
	pation / Job title (See Instructions) Employer (See Instru	uctions)
Principal occu		

Linda Aguilar Hawkins Date 5 Full name of contributor City; State; Zip Code 130B Utterback Kyle, TX 78640 5 Full name of contributor (\$) 7 Amount of contribution (\$) 25.00	The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2/15/2022 Rosemary Nelson 225.00(6 Contributor address; City; State; Zip Code 130B Utterback Kyle, TX 78640 25.00(a Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (De:				3 Filer ID (Ethics Commission Filers)
Image: State instruction Image: State instruction Image: State instruction Image: State instruction Image: State instruction Full name of contributor out-of-state PAC (D#		Rosemary Nelson 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (D#:) Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:	2/15/2022			
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:)	Date	Full name of contributor out-of-state PAC (ID	#	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)		Contributor address; City;	State; Zip Code	
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Contributor address; City; State; Zip Code	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)
		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ms)

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGO	DRIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees contraction of the second	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Lebor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Total pages Schedule F1:	2 FILER NAME Linda Aguilar Hawkins		3 Filer ID (Ethics Commission Filers)	
Date 02/02/2022	5 Payee name Fast Signs		L	
6 Amount (\$) 124.49	7 Payee address; 8714 Fredericksburg Road # 10	City: 3 San Antonio, TX 7	State; Zip Code 8240	
PURPOSE	(a) Category (See Categories listed at the top of this sch Printing Expense	n		
OF				
Complete ONLY if direct expenditure to benefit C/OI	(c) Check if travel outside of Texas. Complete Sche Candidate / Officeholder name Linda Aguilar Hawkins	dule T. Check if Aust Office sought County Commissioner Precinct	office held	
Date 02/12/2022	Payee name Vista Print			
Amount (\$) 104.81	Payee address; 100 Hayden Avenue Lexington,	City; MA, 02421	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Printing Expense	edule) Description		
	Check if travel outside of Texas. Complete Sche	tin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought County Commissioner Precinct	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	dule) Description		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEI	EDED	