

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

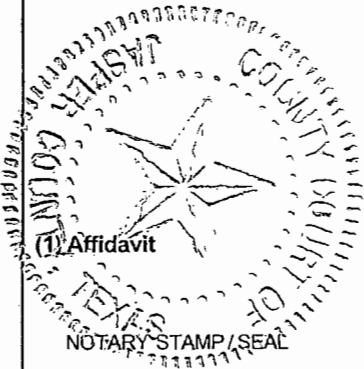
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <i>JOE L. HAWTHORN</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3,500. ⁰⁰ / _{XX}
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,500. ⁰⁰ / _{XX}
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3,161. ⁵⁶ / _{XX}
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,161. ⁵⁶ / _{XX}
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 338. ⁴⁴ / _{XX}
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Christine Wells this the 16 day of January, 2024

to certify which, witness my hand and seal of office.
Christine Wells Printed name of officer administering oath
Christine Wells Deputy Clerk Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
 My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20_____
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME <i>JOE L. HAWTHORN</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,500. ⁰⁰ / ₁₀₀
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3161. ⁴⁴ / ₁₀₀
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME JOE L. HAWTHORN		3 Filer ID (Ethics Commission Filers)
4 Date 09/20/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACK DAMERON	7 Amount of contribution (\$) \$ 250.⁰⁰/_{xx}
6 Contributor address; City; State; Zip Code P.O. Box 5656 Longview TX 75608		
8 Principal occupation / Job title (See Instructions) Deed Research		9 Employer (See Instructions) McCreary Veselka Bragg & Allen PC
Date 12/04/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEITH TREADWAY	Amount of contribution (\$) \$ 500.⁰⁰/_{xx}
Contributor address; City; State; Zip Code [REDACTED] College Station TX 77840.		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) McCreary Veselka Bragg & Allen PC
Date 12/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KARRIE CARAWAY	Amount of contribution (\$) \$ 250.⁰⁰/_{xx}
Contributor address; City; State; Zip Code [REDACTED] Jasper TX 75951		
Principal occupation / Job title (See Instructions) Delinquent Tax Professional		Employer (See Instructions) McCreary Veselka Bragg & Allen PC
Date 11/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIP SMITH	Amount of contribution (\$) \$ 1,500.⁰⁰/_{xx}
Contributor address; City; State; Zip Code [REDACTED] Bridge City TX. 77611		
Principal occupation / Job title (See Instructions) Retired Pilot		Employer (See Instructions) Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME JOE L. HAWTHORN		3 Filer ID (Ethics Commission Filers)
4 Date 10/04/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip Smith	7 Amount of contribution (\$) \$1,000 ⁰⁰/₂₄
6 Contributor address; City; State; Zip Code [REDACTED] BRIDGE CITY TX. 77611		
8 Principal occupation / Job title (See Instructions) Retired P.105		9 Employer (See Instructions) Retired
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME JOE L. HAWTHORN	3 Filer ID (Ethics Commission Filers)
4 Date 11/14/23	5 Payee name Jasper County Republican Party	
6 Amount (\$) 750 ⁰⁰/_{xx}	7 Payee address; P.O. Box 556	City; State; Zip Code EVADALE TX 77615
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description Filing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE L. HAWTHORN	Office sought TAC
		Office held n/a
Date 11/01/23	Payee name Designer Graphics	
Amount (\$) \$ 1635. ⁶⁶/_{xx}	Payee address; 12404 Hwy 155 South	City; State; Zip Code Tyler TX 75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE L. HAWTHORN	Office sought TAC
		Office held n/a
Date 09/01/23	Payee name Wallace Signs	
Amount (\$) 210. ⁷⁸/_{xx}	Payee address; 305 W. Bluff	City; State; Zip Code Waco, TX 76779
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description SIGNS/CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE L. HAWTHORN	Office sought TAC
		Office held n/a

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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 F1: 4	2 FILER NAME JOE L. HAWTHORN	3 Filer ID (Ethics Commission Filers)
4 Date 11/14/23	5 Payee name OLBM	
6 Amount (\$) 31.32	7 Payee address; 2034 S. Wheeler St.	City; State; Zip Code Jasper TX 75951
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING Expense	(b) Description Sign supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE L Hawthorn	Office sought TAC
		Office held n/a
Date 12/17/23	Payee name TRACTOR Supply Co	
Amount (\$) 21.44	Payee address; 35580 US Hwy 96 South	City; State; Zip Code Burna TX 77612
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING Expense	Description Sign Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE L Hawthorn	Office sought TAC
		Office held n/a
Date 11/10/23	Payee name HARBOR Freight	
Amount (\$) 4.86	Payee address; 420 E GIBSON ST.	City; State; Zip Code Jasper TX. 75951
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING Expense	Description Sign Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE L. Hawthorn	Office sought TAC
		Office held n/a

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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1 Total pages Schedule F1:	2 FILER NAME JOE L. HAWTHORN	3 Filer ID (Ethics Commission Filers)
4 Date 11/03/23	5 Payee name AMAZON MKTP	
6 Amount (\$) 45.84	7 Payee address: 1260 MEYLER ST	City; State; Zip Code SEATTLE WA. 98109
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ZIP TIES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE L HAWTHORN	Office sought TAC
		Office held N/A
Date 11/14/23	Payee name 190 FUEL STOP	
Amount (\$) 24.40	Payee address: 850 GIBSON	City; State; Zip Code JASPER TX. 75951
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD	Description FOOD
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE L HAWTHORN	Office sought TAC
		Office held N/A
Date 11/18/23	Payee name HWY 190 FUEL STOP	
Amount (\$) 437.06	Payee address: 850 E GIBSON	City; State; Zip Code JASPER TX 75951
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRANSPORTATION Related Expense	Description FUEL
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE L HAWTHORN	Office sought TAC
		Office held N/A

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