

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **2**

2 FILER NAME

Friends of Hal Hawes

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9-23-11

5 Full name of contributor out-of-state PAC (ID#: _____)

David Wolf

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
414 Indigo Lane, Georgetown, TX 78628

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9-21-11

Full name of contributor out-of-state PAC (ID#: _____)

Pessy Vasquez

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**2512 Georgian Drive
Georgetown TX 78626**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-3-11

Full name of contributor out-of-state PAC (ID#: _____)

James W. Harrell, Jr.

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**2816 Oak Haven Circle
Georgetown TX 78628**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-3-11

Full name of contributor out-of-state PAC (ID#: _____)

Christopher Stanley

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**1104 S. Rock Street
Georgetown TX 78626**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-3-11

Full name of contributor out-of-state PAC (ID#: _____)

Glynn and Dora Buie

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**6025 Airport Road
Georgetown TX 78628**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME

Friends of Hal Hawes

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10-3-11

5 Full name of contributor out-of-state PAC (ID# _____)

Louise Hawes

6 Contributor address; City; State; Zip Code

3321 Fm 3405
Georgetown, Tx 78633

7 Amount of contribution (\$)

5,000.⁰⁰/₁₀₀

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-21-11

Full name of contributor out-of-state PAC (ID# _____)

Peggy Vasquez

Contributor address; City; State; Zip Code

2512 Georgian Drive
Georgetown, TX 78626

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-21-11

Full name of contributor out-of-state PAC (ID# _____)

Peggy Vasquez

Contributor address; City; State; Zip Code

2512 Georgian Drive
Georgetown Tx 78626

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-23-11

Full name of contributor out-of-state PAC (ID# _____)

Kristal Hawes

Contributor address; City; State; Zip Code

3008 Dawn Drive Suite 106
Georgetown Tx 78628

Amount of contribution (\$)

48.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Friends of Hui Hawes

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ **0**

5 Date of loan

8-19-11

7 Name of lender

Kristal Hawes

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

2,400.00

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

3008 Dawn Drive
Georgetown Tx 78628

10 Interest rate

0

11 Maturity date

NA

12 Principal occupation / Job title (See Instructions)

IT Services

13 Employer (See Instructions)

ComputeK

14 Description of Collateral

none

15 GUARANTOR INFORMATION

not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4		2 FILER NAME Friends of Hal Hawes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-8-11		5 Payee name Murphy Turner Associates			
6 Amount (\$) 1,000.00		7 Payee address; City; State; Zip Code 1400 Lavaca St., Suite A Austin Tx 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) New Client Fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Hal Hawes		Office sought / Office held Williamson County Attorney	
Date 9-9-11		Payee name Murphy Turner Associates			
Amount (\$) 500.00		Payee address; City; State; Zip Code 1400 Lavaca St., Suite A Austin Tx 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Monthly Consulting Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Hal Hawes		Office sought / Office held Williamson County Attorney	
Date 10-6-11		Payee name Murphy Turner Associates			
Amount (\$) 500.00		Payee address; City; State; Zip Code 1400 Lavaca St. Suite A Austin Tx 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) monthly consulting Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Hal Hawes		Office sought / Office held Williamson Count Attorney	
Date 10-11-11		Payee name Murphy Turner Associates			
Amount (\$) 578.97		Payee address; City; State; Zip Code 1400 Lavaca St. Suite A Austin Tx 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense/Fees		Description (If travel outside of Texas, complete Schedule T) Push card Art + Printing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Hal Hawes		Office sought / Office held Williamson County Attorney	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4		2 FILER NAME Friends of Hal Hawes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-17-11		5 Payee name Murphy Turner Associates			
6 Amount (\$) 588.39		7 Payee address; City; State; Zip Code 1400 Lavaca St. suite A Austin Tx 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense / Fees		(b) Description (If travel outside of Texas, complete Schedule T) Road sign Art and Design	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Hal Hawes		Office sought / Office held Williamson County Attorney	
Date 11-15-11		Payee name Murphy Turner			
Amount (\$) 2,500.00		Payee address; City; State; Zip Code 1400 Lavaca St. suite A Austin Tx 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting expense / Fees		Description (If travel outside of Texas, complete Schedule T) Website + consulting costs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Hal Hawes		Office sought / Office held Williamson County Attorney	
Date 8-17-11		Payee name First Texas Bank			
Amount (\$) 26.55		Payee address; City; State; Zip Code P.O. Box 5 Round Rock Tx 78680			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting / Banking		Description (If travel outside of Texas, complete Schedule T) Cost of Checks	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Hal Hawes		Office sought / Office held Williamson County Attorney	
Date 9-23-11		Payee name The UPS Store			
Amount (\$) 148.00		Payee address; City; State; Zip Code 4500 Williams Drive, suite 212 Georgetown, Tx 78633			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fee		Description (If travel outside of Texas, complete Schedule T) P.O. Box Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Hal Hawes		Office sought / Office held Williamson County Attorney	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME Friends of Hal Hawes	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9-21-11	5 Payee name Minuteman Press	
6 Amount (\$) 646.82	7 Payee address; City; State; Zip Code 1011 Leander Road Georgetown Tx 78628	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense / Fees	(b) Description (If travel outside of Texas, complete Schedule T) name badges, business cards & bumper
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Hal Hawes	Office sought Williamson County Attorney
Date 10-6-11	Payee name Minuteman Press	
Amount (\$) 78.70	Payee address; City; State; Zip Code 1011 Leander Road Georgetown Tx 78628	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense / Fees	Description (If travel outside of Texas, complete Schedule T) Business Cards
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Hal Hawes	Office sought Williamson County Attorney
Date 9-8-11	Payee name GARW-PAC	
Amount (\$) 135.00	Payee address; City; State; Zip Code 4500 Williams Drive, Suite 212-267 Georgetown Tx 78633	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) McDonald Scholarship event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Hal Hawes	Office sought Williamson County Attorney
Date 9-14-11	Payee name GARW-PAC	
Amount (\$) 35.00	Payee address; City; State; Zip Code 4500 Williams Drive Suite 212-267 Georgetown Tx 78633	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Fashion Show Ad
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Hal Hawes	Office sought Williamson County Attorney

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F: 4	2 FILER NAME Friends of Hal Hawes	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-5-11	5 Payee name Williamson County Republican Women - PAC
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6 Amount (\$) 30.00	7 Payee address; City; State; Zip Code PO Box 342 Round Rock Texas 78660
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Luncheon meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Hal Hawes	Office sought Williamson County Attorney	Office held
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Date 10-5-11	Payee name Republican Club of Sun City
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Amount (\$) 32.00	Payee address; City; State; Zip Code 1530 Sun city Blvd Suite 120, PmB 227 Georgetown Tx 78633
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Dinner and meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Hal Hawes	Office sought Williamson County Attorney	Office held
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Date 11-16-11	Payee name GARW - PAC
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Amount (\$) 15.00	Payee address; City; State; Zip Code 4500 Williams Drive suite 212-267 Georgetown Tx 78633
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Luncheon + meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Hal Hawes	Office sought Williamson County Attorney	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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