#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / **OFFICE USE ONLY OFFICEHOLDER** Date Received NAME RECEIVED 4 CANDIDATE / APR 28 2023 OFFICEHOLDER MAILING Board of Education **ADDRESS** Change of Address EXTENSION Date Hand-delivered or Date Postmarked 5 CANDIDATE/ **OFFICEHOLDER** PHONE Amount \$ 6 CAMPAIGN **TREASURER** NAME NICKNAME ZIP CODE CITY; STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN TREASURER **ADDRESS** (Residence or Business) **EXTENSION** PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month COVERED THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Other Description Runoff Day Month General Special 13 OFFICE SOUGHT (if known) 12 OFFICE 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

CAMPAIGNTINANCE REPORT				
15 C/OH NAME	Carin "CJ" Evans	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,160		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 4140.89		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$		
CHRISTIAN ALVARADO MY COMMISSION EXPIRES JULY 15, 2025 NOTARY ID: 133210871  Please complete either option below:				
(1) Affidavit				
NOTARY STAMP/SEAL  Sworm to and subscribed before me by				
Signature of Sticer administer	ering oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declaration				
My name is	EVans, and my date of birth is			
My address is	,	state) (zip code) (country)		
Executed in	(street) (city) (: County, State of, on the day of(monti	20		
	Signature of Candid	date/Officeholder (Declarant)		

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILERNAME Carin "CJ" Evans	er ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$4160
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	rions \$ 4,000
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIL	BUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 140.89
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINE	SS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	TIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RI	ETURNED \$

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

If the requested information to not applicable, 20 to 1 the table and page 11.			
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME	J Evans		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full nam	e of contributor		7 Amount of contribution (\$)
4.7.23 6 Contribu	n Hullac tor address; City;	State; Zip Code	250.00
	Warrior Road, For	1 Worth 76110	
8 Principal occupation / Job to CONSTruction		9 Employer (See Instruction TNOS. S. B	
Date Full nam	11	(ID#)	Amount of contribution (\$)
1.10 0	rell Bevelhymer tor address; City;		1,500.00
6910.	Sanctuary Heights E	Sad, FW 76/3	2
Principal occupation / Job title (See Instructions)  Putired  Employer (See Instructions)			
	e of contributor		Amount of contribution (\$)
4.18.63 Contribu	t Schools Great Cotor address; City;	State, Zip Code	2,000.00
	Klamath Road, Fl		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date Full nam	ne of contributor	C (ID#:)	Amount of contribution (\$)
4.20.23 Contribu	City;	State; Zip Code	100.00
	1. Jim Wright Fuy, S	wite B, whitese	Hement 76108
Principal occupation / Job ti Attorney	tle (See Instructions)	Robles Jr L	
	ATTACH ADDITIONAL COPIES		EEDED

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.

If the requested information is not applicable, <b>bo not molde this page in the repert</b>				
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1;	
2 FILER NAME	"CJ"Evans		3 Filer ID (Ethics Commission Filers)	
4 Date 4.21.23	5 Full name of contributor out-of-state PAC (ID#:_  LON BURNAM  6 Contributor address; City; Sta	te; Zip Code	7 Amount of contribution (\$) \$60,00	
Principal occupation / Job title (See Instructions)  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)				
Date 4.21.73	Full name of contributor	ite; Zíp Code	Amount of contribution (\$) \$100.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)				
Date 4.28.23	Full name of contributor out-of-state PAC (ID#_  Tody Sancters  Contributor address; City: Sta  7275 Ward Parkway, For	te; Zip Code	Amount of contribution (\$) \$150.00	
Principal occup	pation / Job title (See Instructions)	ely Hart	ons)	
Date	Full name of contributor		Amount of contribution (\$)	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
	·			
	ATTACH ADDITIONAL COPIES OF TH			

# 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)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Consulting Expense Event Expense Transportation Equipment & Related Expense Fees Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Salarles/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Evans Zip Code **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; State; Payee address; Amount (\$) Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check If Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State: City; Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) **PURPOSE OF** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct

expenditure to benefit C/OH

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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 G:	Carin "CJ" Evans	3 File	r ID (Ethics Commission Filers)
4 Date 4.21.23	5 Payee name McDonalds		
6 Amount (\$) 14.27 Reimbursement from political contributions intended	7 Payee address: 3601 Camp Bowle, Fu		State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Breaklast W	th Constituent
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4.22.23	Payee name Braum S		
Amount (\$)  30 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Lunch with	Constituents
EXPENDITORL	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	ceholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
4-23-23	Half Price Books		
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Fundraising Expense	Thank You	Stationary
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offi	ceholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Event Expense Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME 4 Date City; State; Zip Code political contributions ntended (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date arbucks Zip Code Payee address: City; State: 16C Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeboller living expense omplete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State: City; Payee address; Amount (\$) Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED