CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Mrs Carin	MI	OFFICE USE ONLY
NAME	NICKNAME LAST CJ Evans	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; PO Box 11682, Fort Worth, Texa	CITY; STATE; ZIP CODE AS 76110	6/2/2023
Change of Address 5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	()	EXTENSION	Date Hand-delivered or Date Postmarked Emailed: 6/2/2023 Receipt # Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$ 0
NAME	Mr John		Date Processed 6/5/2023
	NICKNAME LAST Evans	SUFFIX	Date Imaged 6/5/2023
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S		STATE; ZIP CODE
TREASURER ADDRESS	640 Taylor Street, Suite 1850,	Fort Worth, Texas 76102	
(Residence or Business)			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	()		
9 REPORT TYPE	January 15 30th day before 6	election	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
COVERED	4 / 29 / 23	THROUGH 6	/ 2 / 23
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	6 / 10 / 23 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	FWISD Board of Trustees	same	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOUT THE CANL	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TRE	EASURER NAME	
	COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
	1		
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME CJ Evans					16 Filer	ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITI PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE ELE	RANTEES OF LOANS, (•	N	\$	
	2.	TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LC		S OF LOANS)	\$ 4	,295.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.			\$	
	4.	TOTAL POLITICAL EXPEN	DITURES			\$ 7	,480.93
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIB	JTIONS MAINTAINED A	S OF THE LA	ST DAY	\$	
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI		LOANS AS C)F THE	\$	
		ffirm, under penalty of perjury, reported by me under Title 15,		g report is tru	ue and co	rrect and incl	udes all information
			Się	gnature of C	andidate	or Officehold	er
		Please com	plete either opt	ion belov	w:		
(1) Affidavit							
NOTARY STAMP/SEA	L						
Sworn to and subscribed	before me	e by		this the		_ day of	
20, to certify	which, with	ess my hand and seal of office.					
Signature of officer administe	ering oath	Printed name of o	fficer administering oath			Title of office	r administering oath
			OR				
(2) Unsworn Declaration	on						
My name is			, and my d	late of birth is	s		.
My address is					,	,	·
		(street)	· ·	-		(zip code)	
Executed in		County, State of	, on thec	lay of (mont	th)	, 20 (year)	·
			Signa	ture of Cand	idate/Offic	eholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER N		20 Filer ID (Ethics Com	nmiss	sion Filers)
	JLE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,291.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. ■	SCHEDULE E: LOANS		\$	4,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	7,000.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	26,422.00
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 FUI	NDS	\$	480.93
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	104.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

·	• • • • • • • • • • • • • • • • • • • •	,	. 0	•
The	Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1: 6
2 FILER NAME CJ Evans				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Pete Geren		AC (ID#:)	7 Amount of contribution (\$)
05/03/20	6 Contributor address;	City;	State; Zip Code	250.00
	1200 Washington	n, Fort V	Vorth, Tx 7610	
8 Principal occu Retired	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
05/03/20	Carlon Sharpless			F O 00
03/03/20	Contributor address;	City;	State; Zip Code	50.00
	8965 Vantage F	Point Dri	ive, Apt. 4309	
Principal occup IT Developme	nation / Job title (See Instructions)		Employer (See Instruct Texas Instruments	tions)
Date	Full name of contributor Beth Krugler		AC (ID#:)	Amount of contribution (\$)
05/07/20	Contributor address; 604 East 4th Str	City;	State; Zip Code	300.00
Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instruction Beth Krugler Mediation	
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
05/00/20	Erin Hinzmann			0=0 00
05/09/20	Contributor address;	City;	State; Zip Code	250.00
	8801 W. Fitzhu	gh Road	, Dripping Spr	
	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Financial Adv	isor		Ameriprise	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	e Instruction Guide explains how	to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAME				3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND PO	LITICAL CONTRII	BUTIONS	\$	
5 Date	6 Full name of contributor □ ou	t-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
		City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICI	AL)(See Instructions)	11 Employe	er (FOR NON-JUDICI/	· · · · · · · · · · · · · · · · · · ·
12 Contributor's	principal occupation (FOR JUDICIAL	.)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)		15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	t-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; C	City; State;	Zip Code	Check if travel outsic	 de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICI	AL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL	-)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)		Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any	r) (FOR JUDICIAL)	1		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

The	Instruction Guide explain	s how to complete this	form.	1 Total pages Sched	ule B:
2 FILER NAME				3 Filer ID (Ethics C	commission Filers)
4 TOTAL OF	UNITEMIZED PLEDO	GES		\$	
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address;	City; Sta	ate; Zip Code		
				Check if travel outs	l . ide of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instru	ctions)	11 Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; St	ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instruc	tions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; St	ate; Zip Code		
				Check if travel outs	I . ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; State	; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instruc	tions)	Employer (See	Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS SCHEDULE E

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

ii the requested	i information is not applic	cable, DO N	Of include this page in the re	eport.
The	Instruction Guide explains	how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
CJ Evans				
4 TOTAL OF UN	IITEMIZED LOANS			\$
5 Date of loan	7 Name of lender	out-of-stat	e PAC (ID#:)	9 Loan Amount (\$)
04/29/2023	Self			4,000.00
6 Is lender a financial Institution?	8 Lender address;	City;	State; Zip Code	10 Interest rate
Y N				11 Maturity date
12 Principal occupation	on / Job title (See Instructions	5)	13 Employer (See Instructions)	
14 Description of Coll	ateral		15 Check if personal fur account (See Instruc	nds were deposited into political
none	47 Name of suprenter			· .
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	18 Guarantor address;	City;	State; Zip Code	
not applicable				
20 Principal Occupat	tion (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-stat	te PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address;	City;	State; Zip Code	Interest rate
Institution?				Maturity date
Principal occupation	on / Job title (See Instructions	s)	Employer (See Instructions)	
Description of Coll	ateral		Check if personal fur	nds were deposited into political
none			account (See Instruc	ctions)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code	
not applicable				
Principal Occupati	on (See Instructions)		Employer (See Instructions)	
	ATTACH ADI	NITIONAL CO	DIES OF THIS SCHEDIII E AS NE	EDED

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

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 o	complete this form.	,	,
1 Total pages Schedule F1:	2 FILER NAME CJ Evans		3 Filer ID (Ethics	Commission Filers)
4 Date 04/29/2023	5 Payee name Mayes Media			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4,000.00	312 Creekwood Sunnyvale, Tx 75182			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting and Printing			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/25/2023	Mayes Media			
Amount (\$)	Payee address;	City;	State;	Zip Code
3,000.00				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting and Printing	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District

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

Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Con	mmission Filers)
4 TOTAL OF UNITEN	MIZED UNPAID INCURRED OBLIGATION	NS	\$	
5 Date	6 Payee name Mayes Media			
7 Amount (\$) 26,422.0C	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	■ Political Non-Po	olitical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting and Printing	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living ex	pense
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-P	Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Office held	d
	ATTACH ADDITIONAL CODIES OF THIS	001150111 5 40 115	EDED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	·	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

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

EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services

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

Travel In District Travel Out Of District

Salaries/Wages/Contract Labor Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CR	EDIT CARD	\$			
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address;	City;	State; Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Po	litical				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Of	ffice sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Po	olitical				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name O	ffice 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)

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

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 ho	w to complete this form.		
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics 0	Commission Filers)
4 Date	5 Payee name		1	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	le) Description		
	Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office sought Office h	
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description		
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

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	o complete this form.		•
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	ght Office held	
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regar	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NE	EDED		

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

SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2	FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4	Date	5 Name of person from whom amount is received		8 Amount (\$)
		6 Address of person from whom amount is received; City; Stat	e; Zip Code	
		7 Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Sta	ite; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Stat	te; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Sta	ite; Zip Code	
		Purpose for which amount is received Check if	political contribution	returned to filer
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

'		<u> </u>		
The Instruction	n Guide explains how to complete this form.	1 Total pages Schedule T:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Con	poration or Labor Organization / Pledgor / Payee			
E Ocatalla di ca / Europa dita an				
Schedule A2 Schedule F2				
	- Contodate B-ee			
8	8 Departure city or name of departure location			
9	9 Destination city or name of destination location			
10 Means of transportation				
Name of Contributor / Co	poration or Labor Organization / Pledgor / Payee			
Contribution / Expenditure	reported on:			
	Schodulo B. C. O. L. L. R(I) C. O. L. L. (
Schedule A2	Schedule B Schedule B(J) Schedule C	C2 Schedule D Schedule F1		
Schedule F2	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS			
Dates of travel	Name of person(s) traveling			
	Departure city or name of departure location			
	Destination city or name of destination location			
Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure	reported on:			
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Dates of travel Name of person(s) traveling			
	Departure city or name of departure location			
	Destination city or name of destination location			
	255			
Means of transportation	Means of transportation Purpose of travel (including name of conference, seminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.				
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)		
3	SIGNA	TURE			
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.				
		Signatu	re of Candidate / Officeholder		
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder.				
	A.	CAMPAIGN FUNDS			
	Checl	conly one:			
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.		
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	B. ASSETS				
	Checl	conly one:			
		I do not retain assets purchased with political contributions or interest or other incom	ne from political contributions.		
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.				
			Signature of Candidate		
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••			
		I am aware that I remain subject to filing requirements applicable to an officeholder who offile. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	, after filing the last required report as		
			ignature of Officeholder		