

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mrs. Carin		
	NICKNAME	LAST	SUFFIX
	CJ Evans		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	PO Box 11682, Fort Worth, Texas 76110		
Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	929-6365	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr. John		
	NICKNAME	LAST	SUFFIX
	CJ Evans		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	640 Taylor, Fort Worth, Texas 76102		
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	929-6063	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
			<input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year
	7	1	22
	THROUGH		Month Day Year
			12 / 31 / 22
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	5	6	23
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	<input type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	FWISD Board of Trustees, District 5		same
14 NOTICE FROM POLITICAL COMMITTEE(S)	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 TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
Additional Pages			

OFFICE USE ONLY	
Date Received	
1/17/2023	
Date Hand-delivered on	Date Postmarked
Receipt #	Amount \$
	0
Date Processed	1/17/2023
Date Imaged	1/17/2023

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

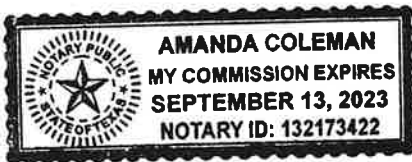
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME CJ Evans		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. 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)	\$ 2,825.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,031.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,760.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Carin 'CJ' Evans this the 17th day of January, 2023, to certify which, witness my hand and seal of office.

[Signature] Amanda Coleman Election Officer
Signature of officer administering oath Printed name of officer administering oath 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,825.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,907.34
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 124.46
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 97.43
12. 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 FILER NAME
CJ Evans

3 Filer ID (Ethics Commission Filers)

4 Date
09/16/20225 Full name of contributor out-of-state PAC (ID#: _____)
Dana and Scott Hinzmann

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
3750 Stoney Creek Court, Fort Worth, Tx 76116

150.00

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date
10/03/2022Full name of contributor out-of-state PAC (ID#: _____)
Gary Moates

Amount of contribution (\$)

Contributor address; City; State; Zip Code
3128 Spanish Oak Drive, Fort Worth, Tx 76109

250.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date
10/04/2022Full name of contributor out-of-state PAC (ID#: _____)
Mike Holt

Amount of contribution (\$)

Contributor address; City; State; Zip Code
409 N. Bailey Avenue, Fort Worth, Tx 76107

250.00

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
10/20/2022Full name of contributor out-of-state PAC (ID#: _____)
Susan Scott

Amount of contribution (\$)

Contributor address; City; State; Zip Code
3429 Bristol Road, Fort Worth, Tx 76107

100.00

Principal occupation / Job title (See Instructions)
Childcare provider

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.

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** FILER NAME

CJ Evans

3 Filer ID (Ethics Commission Filers)**4** Date

10/20/2022

5 Full name of contributor

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

Deidre Cline

7 Amount of contribution (\$)**25.00****6** Contributor address;

City;

State;

Zip Code

1507 Ashland Street, Arlington, Tx 76012

8 Principal occupation / Job title (See Instructions)

Educator

9 Employer (See Instructions)

Date

10/20/2022

Full name of contributor

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

Jennifer and Luke Wagner

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

3790 West 5th Street, Fort Worth, Tx 76107

Principal occupation / Job title (See Instructions)

Healthcare

Employer (See Instructions)

Date

10/20/2022

Full name of contributor

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

For The Children

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

PO Box 159, Fort Worth, Tx 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/2022

Full name of contributor

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

Pete Geren

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

1200 Washington Terrace, Fort Worth, Tx 76107

Principal occupation / Job title (See Instructions)

Former Secretary of the Army

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.**

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 FILER NAME CJ Evans		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Lori Diel 6 Contributor address; City; State; Zip Code 4007 Mattison Avenue, Fort Worth, Tx 76107	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions)
Date 10/20/2022	Full name of contributor out-of-state PAC (ID#: _____) Teresa Moore Contributor address; City; State; Zip Code 3616 Watonga Street, Fort Worth, Tx 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 10/20/2022	Full name of contributor out-of-state PAC (ID#: _____) Charles Rowland Contributor address; City; State; Zip Code 400 South Jennings Avenue, Fort Worth, Tx 76104	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Traci Glaser Contributor address; City; State; Zip Code 328 Angelina, Palestine, Texas 75801	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Educator		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.		

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: 4
2 FILER NAME CJ Evans		3 Filer ID (Ethics Commission Filers)
4 Date 11/02/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Leticia Rodriguez 6 Contributor address; City; State; Zip Code 6604 Stolte Lane, Fort Worth, Tx 76123	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions) Grant Administrator		9 Employer (See Instructions) City of Fort Worth
Date 11/21/2022	Full name of contributor out-of-state PAC (ID#: _____) Tobi Jackson Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) SPARC
Date	Full name of contributor 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 out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		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.

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:	2 FILER NAME CJ Evans	3 Filer ID (Ethics Commission Filers)
4 Date 07/13/2022	5 Payee name Mayes Media	
6 Amount (\$) 1,250.00	7 Payee address; City; State; Zip Code 312 Creekwood Drive, Summyvale, Tx 75182	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campain Consulting Services	(b) Description
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/15/2022	Payee name Mayes Media	
Amount (\$) 650.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Consulting Services	Description
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/14/2023	Payee name La Madeleine	
Amount (\$) 7.34	Payee address; City; State; Zip Code 6140 Camp Bowie, Fort Worth, Tx 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Coffee meeting with Constituents
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> 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)

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 G:	2 FILER NAME CJ Evans	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Central Market	
6 Amount (\$) 5.37 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4651 West Freeway, Fort Worth, Tx 76108	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description Coffees with constituents
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name Black Coffee	
Amount (\$) 93.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1417 Vaughn Boulevard, Fort Worth, Tx 76105	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Meetings with constituents
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name Starbucks	
Amount (\$) 25.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 501 University Drive, Fort Worth, Ts 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Meetings with constituents
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 07/13/2022	5 Payee name Frost Bank
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6 Amount (\$) 59.13	7 Payee address;	City	State	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Banking	(b) Description (See instructions regarding type of information required.)
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Date 11/02/2022	Payee name Anedot
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Amount (\$) 38.30	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Banking	Description (See instructions regarding type of information required.) online donation transaction fees
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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 instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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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 instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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