

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Carin	OFFICE USE ONLY Date Received RECEIVED JUL 17 2019 Board of Education Date Hand-delivered or Date Postmarked 7-12-19 Receipt # Amount \$ Date Processed 7-17-19 Date Imaged	
	NICKNAME LAST SUFFIX CJ Evans		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 11682 Fort Worth, TX 76110		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 929-6365		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI John		
	NICKNAME LAST SUFFIX Evans		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 111 Boland Street Suite 300 Fort Worth, TX 76107		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 929-6063		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 60th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 4 / 25 / 19 THROUGH 6 / 30 / 19		
11 ELECTION	ELECTION DATE Month Day Year / / 	ELECTION TYPE <input 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) FWISD Trustee, Dist 5		13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

8,900

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

10,920.70

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

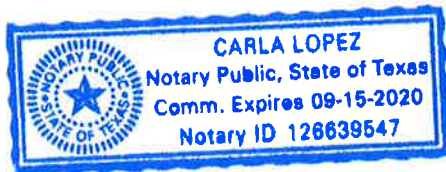
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

9,800

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Carin Evans, this the 12th day of July, 20 19, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Carla Lopez

Printed name of officer administering oath

Notary of Texas

Title of officer administering oath

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	\$ 8,900
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,500
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,647.70
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,730.00
10.	<input type="checkbox"/> 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	\$ 120.90
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Carin "CJ" Evans

3 Filer ID (Ethics Commission Filers)

4 Date

4/26/19

5 Full name of contributor

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

PSEL PAC

7 Amount of contribution (\$)

\$750

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/26/19

Full name of contributor

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

Good Government Fund

Amount of contribution (\$)

\$750

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/26/19

Full name of contributor

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

David Brunette

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

2209 Hidden Creek Road, FW 76107

Principal occupation / Job title (See Instructions)

Landman

Employer (See Instructions)

Self Employed

Date

4/29/19

Full name of contributor

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

Mr. & Mrs. John Roach

Amount of contribution (\$)

\$200

Contributor address;

City; State; Zip Code

2805 Alton Road, Fort Worth 76107

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME *Carin CJ Evans*

3 Filer ID (Ethics Commission Filers)

4 Date
4/29/19

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

7 Amount of contribution (\$)
\$250

6 Contributor address; City; State; Zip Code
1411 Shady Oaks Lane, Fort Worth 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
5/2/19

Full name of contributor out-of-state PAC (ID#: _____)
Great Schools Great City SPAC

Amount of contribution (\$)
\$2500

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/2/19

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

Amount of contribution (\$)
\$50

Contributor address; City; State; Zip Code
1415 Circle Park Blvd, Fort Worth 76164

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/3/19

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

Amount of contribution (\$)
\$250

Contributor address; City; State; Zip Code
500 Commerce, Suite 600, Fort Worth 76102

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Carin CJ Evans

3 Filer ID (Ethics Commission Filers)

4 Date

5/3/19

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

Andrew Bender

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

1700 Clover Lane, Fort Worth 76107

8 Principal occupation / Job title (See Instructions)

Land

9 Employer (See Instructions)

Lonestar Resources

Date

5/8/19

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

Kim Overton Spahos

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

5308 Arete Way, Raleigh, NC 27607

Principal occupation / Job title (See Instructions)

Prosecutor

Employer (See Instructions)

State of North Carolina

Date

5/8/19

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

Great Schools Great City SPAC

Amount of contribution (\$)

\$1,000

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/19

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

Abbie & Scott Pitzer

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

6358 Waverly Way, Fort Worth 76116

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Carln CJ Evans

3 Filer ID (Ethics Commission Filers)

4 Date

6/11/19

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

Arveda + Glenn Lewis

6 Contributor address; City; State; Zip Code

5600 Rockhill Road, Fort Worth 76112

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

LGBS

Date

6/11/19

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

Barbara Williams

Contributor address; City; State; Zip Code

3500 Lenox Drive, Fort Worth 76107

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

LGBS

Date

6/11/19

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

Claudia + Stephen Meeks

Contributor address; City; State; Zip Code

1125 Hidden Oaks Dr., Bedford 76022

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

LGBS

Date

6/17/19

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

Linebarger Grogan + Blair

Contributor address; City; State; Zip Code

PO Box 17428, Austin 78760

Amount of contribution (\$)

\$1000

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Carin CJ Evans

3 Filer ID (Ethics Commission Filers)

4 Date

6/20/19

5 Full name of contributor

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

Kacey + Corey Fickes

7 Amount of contribution (\$)

\$250

6 Contributor address; City; State; Zip Code

3128 Wild Plum Dr, Fort Worth 76109

8 Principal occupation / Job title (See Instructions)

Attorneys

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Carin CJ Evans</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS <i>\$5,500</i>		\$
5 Date of loan <i>4/29/19</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Evans</i>	9 Loan Amount (\$) <i>500</i>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>111 Boland St., Fort Worth 76107</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>5/3/19</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Evans</i>	Loan Amount (\$) <i>5000</i>
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <i>111 Boland Street, Fort Worth 76107</i>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME <i>Carin CJEVANS</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/1/19</i>	5 Payee name <i>JP Solutions</i>	
6 Amount (\$) <i>1550</i>	7 Payee address; City; State; Zip Code <i>6421 Fershaw Fort Worth 76116</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting contract labor</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austrn, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>5/2/19</i>	Payee name <i>mayes media Consulting</i>	
Amount (\$) <i>9,097.70</i>	Payee address; City; State; Zip Code <i>312 Creekwood Drive Sunnyvale, Tx 75182</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>consulting other (postage) printing polling expense advertising</i>	Description <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	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <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: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>Carin CJ Evans</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/27/19</i>	5 Payee name <i>Tanglewood Service Center</i>	
6 Amount (\$) <i>17.30</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>4429 Bellaire Drive South Fort Worth, TX 76109</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description <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	Office sought Office held

4 Date <i>4/29/19</i>	5 Payee name <i>Railhead</i>	
6 Amount (\$) <i>68.23</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>2900 Montgomery Street Fort Worth 76107</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description <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	Office sought Office held

4 Date <i>4/29/19</i>	5 Payee name <i>Curly's</i>	
6 Amount (\$) <i>8.21</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>4017 Camp Bowie Blvd Fort Worth 76107</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description <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	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME CJ Evans	3 Filer ID (Ethics Commission Filers)
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4 Date 4-30-19	5 Payee name Smoothie King
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6 Amount (\$) 13.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5733 Camp Bowie Fort Worth 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-3-19	Payee name Pappasito's
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Amount (\$) 75.71 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2704 W. Freeway Fort Worth 76102
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-4-19	Payee name Railhead
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Amount (\$) 90.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2900 Montgomery Fort Worth 76107
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description <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	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 CJ Evans	3 Filer ID (Ethics Commission Filers)
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4 Date 7/30/19	5 Payee name Anedot
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6 Amount (\$) 100.60	7 Payee address; City; State; Zip Code
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Fees	(b) Description (See instructions regarding type of information required.) transaction fees for online donations
--------------------------	---	--

Date 5/13/19	Payee name Anedot
------------------------	-----------------------------

Amount (\$) 20.30	Payee address; City; State; Zip Code
-----------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Fees	Description (See instructions regarding type of information required.) transaction fees for online donations
------------------------	---	--

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.)
------------------------	--	--

Date	Payee name
------	------------

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.)
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED