

# 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:

17

## OFFICE USE ONLY

Date Received

RECEIVED

APR 25 2019

Board of Education

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

4-25-2019

Date Imaged

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, TX 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

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

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

3 / 26 / 2019

THROUGH

Month

Day

Year

4 / 24 / 2019

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 4 / 2019

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FWISD Trustee, District 5

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Carin "CJ" Evans 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  
☒ GENERAL  
☐ SPECIFIC

COMMITTEE NAME  
United Educators Association

COMMITTEE ADDRESS  
4900 SE Loop 820, Suite 200  
Fort Worth, TX 76140

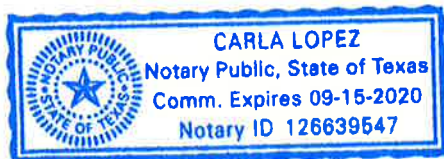
COMMITTEE CAMPAIGN TREASURER NAME  
Steven Poole

COMMITTEE CAMPAIGN TREASURER ADDRESS  
4900 SE Loop 820, Suite 200  
Fort Worth, TX 76140

☐ 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)	\$ <u>8950</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>11,919.61</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5,746.48</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>4,300</u>

## 18 AFFIDAVIT



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.

CJS

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carin CJ Evans, this the 25th day of April, 20 19, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Carla Lopez  
Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME***Carin "CJ" Evans***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>8850</i>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>100</i>
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ <i>500</i>
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>10,732.48</i>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>4,426.33</i>
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 type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1,187.13</i>
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>227</i>
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:

5

2 FILER NAME

Carin "CJ" Evans

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tom Purvis

7 Amount of contribution (\$)

250

6 Contributor address;

City; State; Zip Code

5301 Byers Ave, Fort Worth 76107

8 Principal occupation / Job title (See Instructions)

Real Estate

9 Employer (See Instructions)

Continental RE, Inc.

Date

4/1/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Reid Goetz

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

3840 Arroyo Road, Fort Worth 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ann Sutherland

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

4028 Aragon Drive, Fort Worth 76133

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/2/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Garland & Mollie Lasater

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

3815 Lisbon Street, 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:

5

2 FILER NAME

Carin "CJ" Evans

3 Filer ID (Ethics Commission Filers)

4 Date

4/3/19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dennis & Margaret Johnson

6 Contributor address; City; State; Zip Code

2116 Park Place Avenue, Fort Worth 76110

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/4/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Avila

Contributor address; City; State; Zip Code

1936 Warner Rd, Fort Worth 76110

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Chairman

Employer (See Instructions)

TS Byrne Ltd

Date

4/8/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mary Bates

Contributor address; City; State; Zip Code

3760 Country Club Circle  
Fort Worth, TX 76109

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Steffen Palko

Contributor address; City; State; Zip Code

TCU Box 297900  
Fort Worth, TX 76129

Amount of contribution (\$)

1,000

Principal occupation / Job title (See Instructions)

Professor, College of Education

Employer (See Instructions)

TCU

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:

5

2 FILER NAME

Carin "CJ" Evans

3 Filer ID (Ethics Commission Filers)

4 Date

4/16/19

5 Full name of contributor

Betsy Price

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

750

6 Contributor address;

City; State; Zip Code

PO Box 100066, Fort Worth 76185

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/17/19

Full name of contributor

John Kleinheinz

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

301 Commerce Street Suite 1900  
Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Kleinheinz Capital Partners

Date

4/17/19

Full name of contributor

Scott Kleberg

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

301 Commerce Street, Suite 1300  
Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Managing Member

Employer (See Instructions)

CA Partners

Date

4/17/19

Full name of contributor

Andy Jent

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

6101 Armstrong Parkway  
Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Founder

Employer (See Instructions)

June Creek Interests

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:

5

2 FILER NAME

Carin "CJ" Evans

3 Filer ID (Ethics Commission Filers)

4 Date

4/18/19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

William Bailey

6 Contributor address;

City; State; Zip Code

1324 Thomas Place, Fort Worth 76107

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

Grain Merchandiser

9 Employer (See Instructions)

Bailey Grain Co.

Date

4/22/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John & Cami Goff

Contributor address;

City; State; Zip Code

500 Commerce Street, Suite 700  
Fort Worth 76102

Amount of contribution (\$)

2,000

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Goff Capital, Inc.

Date

4/24/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Win Ryan

Contributor address;

City; State; Zip Code

5401 Benbridge  
Fort Worth, TX 76107

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Oil & Gas

Employer (See Instructions)

XTO

Date

4/24/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Fort Worth Republican Women

Contributor address;

City; State; Zip Code

PO Box 101613  
Fort Worth, TX 76185

Amount of contribution (\$)

150

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:

5

2 FILER NAME

Carin "CJ" Evans

3 Filer ID (Ethics Commission Filers)

4 Date

4/24/19

5 Full name of contributor

Judy Needham

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500

6 Contributor address; City; State; Zip Code

6341 Klamath Road  
Fort Worth, TX 76116

8 Principal occupation / Job title (See Instructions)

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.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME <b>Carin "CJ" Evans</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>100</b>	
5 Date <b>4/17/19</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Erin S. Pinnell</b>	8 Amount of Contribution \$ <b>100</b>	9 In-kind contribution description <b>personalized stationary</b>
7 Contributor address: City: State: Zip Code <b>2837 Willing Ave, Fort Worth 76110</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Museum Preschool Director</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>Fw Museum of Science &amp; History</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of Contribution \$	In-kind contribution description
	Contributor address: City: State: Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**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: **1**

2 FILER NAME **Carin "CJ" Evans**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ **500**

5 Date of loan  
**3/28/19**

7 Name of lender ☐ out-of-state PAC (ID#:  
**John & Carin Evans**

9 Loan Amount (\$)  
**500**

6 Is lender a financial Institution?  
Y ☒ N

8 Lender address; City; State; Zip Code  
**3933 Bunting Avenue  
Fort Worth, TX 76107**

10 Interest rate  
**0%**

11 Maturity date  
**n/a**

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral  
☒ none

15 Check if personal funds were deposited into political account (See Instructions)  
☒

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☒ not applicable

20 Principal Occupation (See Instructions)

21 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

Check if personal funds were deposited into political account (See Instructions)  
☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

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  
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>	2 FILER NAME <b>Carin "CJ" Evans</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/28/19</b>	5 Payee name <b>mayes media Group</b>
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6 Amount (\$) <b>2,000</b>	7 Payee address; City; State; Zip Code <b>312 Creekwood Drive Sunnyvale, TX 75182</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting</b>	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/2/19</b>	Payee name <b>JP Solutions</b>
-----------------------	-----------------------------------

Amount (\$) <b>1,200</b>	Payee address; City; State; Zip Code <b>6421 Fershaw Place Fort Worth, TX 76116</b>
-----------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/24/19</b>	Payee name <b>Mayes Media Group</b>
------------------------	--

Amount (\$) <b>7,532.48</b>	Payee address; City; State; Zip Code <b>312 Creekwood Drive Sunnyvale, TX 75182</b>
--------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting advertising Printing</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 <u>ONLY</u> 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**

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### 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  
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: <b>1</b>	2 FILER NAME <b>Carin "CS" Evans</b>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <b>4,426.33</b>
---	--------------------

5 Date	6 Payee name <b>Mayer Media Group</b>
--------	--

7 Amount (\$) <b>4,426.33</b>	8 Payee address; City; State; Zip Code <b>312 Creekwood Drive Sunnyvale, TX 76102</b>
----------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>advertising printing</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	---	---

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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
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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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>4</b>		2 FILER NAME <b>Carin "CJ" Evans</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/26/19</b>		5 Payee name <b>Ol' South Pancake House</b>			
6 Amount (\$) <b>30.65</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>1507 S. University Drive Fort Worth, TX 76107</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Food/Beverage</b>		(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					
Date <b>3/27/19</b>		Payee name <b>Lowe's</b>			
Amount (\$) <b>112.75</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>600 State Highway 183 Fort Worth, TX 76114</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(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					
Date <b>3/30/19</b>		Payee name <b>Lowe's</b>			
Amount (\$) <b>23.97</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>600 State Hwy 183 Fort Worth, TX 76114</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>4</b>	2 FILER NAME <b>Carin "CJ" Evans</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/1/19</b>	5 Payee name <b>Corner Bakery</b>
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6 Amount (\$) <b>6.80</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>3150 S. Hulen Street Fort Worth, TX 76109</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food/Beverage</b>	(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 <b>4/11/19</b>	Payee name <b>Starbucks</b>
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Amount (\$) <b>4.17</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>3000 S. Hulen, Suite 143 Fort Worth, TX 76109</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage</b>	(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 <b>4/11/19</b>	Payee name <b>USPS</b>
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Amount (\$) <b>2.80</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>2600 8th Ave Fort Worth, TX 76110</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other - postage</b>	(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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

## 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>4</b>		2 FILER NAME <b>Carin "CS" Evans</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/12/19</b>		5 Payee name <b>Sir Speedy</b>			
6 Amount (\$) <b>353.79</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>7928 Camp Bowie West Fort Worth, TX 76116</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Advertising Printing Solicitation/Fundraising</b>		(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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <b>4/14/19</b>		Payee name <b>Walmart</b>			
Amount (\$) <b>17.88</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>6756 W. Vickery Blvd Fort Worth, TX 76116</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Food/Beverage</b>		(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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <b>4/16/19</b>		Payee name <b>USPS</b>			
Amount (\$) <b>308</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>3101 W. 5th Street Fort Worth, TX 76107</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Solicitation/fundraising</b>		(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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <div style="text-align: center; font-size: 24pt;">4</div>	<b>2</b> FILER NAME <div style="text-align: center; font-size: 24pt;">Carin "CJ" Evans</div>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <div style="text-align: center; font-size: 24pt;">4/23/19</div>	<b>5</b> Payee name <div style="text-align: center; font-size: 24pt;">Sam's Club</div>				
<b>6</b> Amount (\$) <div style="text-align: center; font-size: 24pt;">49.12</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <div style="text-align: center; font-size: 24pt;">8351 Anderson Blvd Fort Worth, TX 76120</div>				
<b>8</b> <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 24pt;">Food/Beverage</div>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended				
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	Category (See Categories listed at the top of this schedule) <div style="float: right;"> <b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense           </div>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held		

Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended				
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	Category (See Categories listed at the top of this schedule) <div style="float: right;"> <b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense           </div>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held		

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>1</b>	<b>2</b> FILER NAME <b>Carin "CJ" Evans</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>3/31-4/22</b>	<b>5</b> Payee name <b>Anedot</b>
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<b>6</b> Amount (\$) <b>227</b>	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories.) <b>Fees</b>	<b>(b) Description</b> (See instructions regarding type of information required.) <b>transaction fees for online donations</b>

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

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)

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

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)

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

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)

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