

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: 19</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI Mrs. Carin <small>NICKNAME LAST SUFFIX</small> CJ Evans</p>		<p>OFFICE USE ONLY</p> <p>Date Received</p> <p>RECEIVED</p> <p>APR 04 2019</p> <p>Board of Education</p> <p>Date <u>Hand-delivered</u> or Date Postmarked 4-4-19</p> <p>Receipt # Amount \$</p> <p>Date Processed 4-4-19</p> <p>Date Imaged 4-4-19</p>
	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 11682 Fort Worth, Tx 76110</p> <p><input type="checkbox"/> Change of Address</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (817) 929-6365</p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI Mr. John K. <small>NICKNAME LAST SUFFIX</small> Evans</p>		
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 111 Boland Street Suite 300 Ft. Worth, Tx 76107</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (817) 929-6063</p>		
<p>9 REPORT TYPE</p>	<p> <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </p>		
<p>10 PERIOD COVERED</p>	<p> Month Day Year Month Day Year 1 / 1 / 2019 THROUGH 3 / 25 / 2019 </p>		
<p>11 ELECTION</p>	<p> ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 14 / 2019 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </p>		
<p>12 OFFICE</p>	<p> OFFICE HELD (if any) OFFICE SOUGHT (if known) Fort Worth Independent School District Trustee District 5 </p>		
<p>GO TO PAGE 2</p>			

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,610.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,043.94
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	\$

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.



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said CJ Evans, this the 14th day of April, 20 19, to certify which, witness my hand and seal of office.

Signature of officer administering oath

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	\$ 8,610.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,000.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 2,800.00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,713.12
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2,000.00
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	\$ 1,328.82
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	\$
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: **11**

2 FILER NAME

Carim "CS" Evans

3 Filer ID (Ethics Commission Filers)

4 Date

1/10/19

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Jen + Luke Wagner

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

3768 W 5th Street Fort Worth Tx, 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/10/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

Catherine + McKenzie Carpenter

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

1821 Virginia Pl. Fort Worth, Tx 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/10/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mark Vogel

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

300 Eastwood Fort Worth, Tx 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/10/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

Blair Boydston

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

6319 Rosemont Dr. Fort Worth, Tx 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

Carin "CJ" Evans

3 Filer ID (Ethics Commission Filers)

4 Date

1/10/19

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Lori Diel

6 Contributor address;

City; State; Zip Code

4501 Donnelly Fort Worth, Tx 76107

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/10/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

William Bredthauer

Contributor address;

City; State; Zip Code

301 Ridgewood Fort Worth, Tx 76107

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/22/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

Libby + Isaac Manning

Contributor address;

City; State; Zip Code

2217 Windsor Pl. Fort Worth, Tx 76110

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/25/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

Carol Symon

Contributor address;

City; State; Zip Code

4512 Birchman Ft. Worth, Tx 76107

Amount of contribution (\$)

100.00

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

1/27/19

5 Full name of contributor

Marina Parker

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

1906 6th Street Ft. Worth Tx 76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/8/19

Full name of contributor

Dennis Shingleton

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

8600 Crosswind Dr. Ft. Worth, Tx 76179

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/15/19

Full name of contributor

Virginia Smith

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

612 Roaring Spring Ft. Worth, Tx 76114

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/15/19

Full name of contributor

Linda Barker

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

5605 Collinwood Ft. Worth, Tx 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

2/19/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Gary Pace

6 Contributor address;

City; State; Zip Code

420 Throckmorton Ste. 710 Ft. Worth, Tx 76107

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/21/19

Full name of contributor

☐ out-of-state PAC (ID#:

Burr Fairlamb

Contributor address;

City; State; Zip Code

4820 Bryce Ft. Worth, Tx 76107

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/19

Full name of contributor

☐ out-of-state PAC (ID#:

Fantasy Reynolds

Contributor address;

City; State; Zip Code

4204 Ridgehaven Ct. Ft. Worth, Tx 76116

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/19

Full name of contributor

☐ out-of-state PAC (ID#:

Will Greenhill

Contributor address;

City; State; Zip Code

1608 Ashland Ft. Worth, Tx 76107

Amount of contribution (\$)

500.00

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

2/22/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Joshua Beltridg

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

1643 Grossy Field Ft. Worth, Tx 76137

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/23/19

Full name of contributor

☐ out-of-state PAC (ID#:

Bob Hawley

Amount of contribution (\$)

160.00

Contributor address;

City; State; Zip Code

116 Lindenwood Ft. Worth, Tx 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/19

Full name of contributor

☐ out-of-state PAC (ID#:

Scroggie Investments, Ltd.

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

4732 Washburn Ave. Ft. Worth, Tx 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/19

Full name of contributor

☐ out-of-state PAC (ID#:

Tom + Joan Rogers

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

3403 Tanglewood Park W Ft. Worth, Tx 76109

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

2/27/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Roach

7 Amount of contribution (\$)

200.00

6 Contributor address;

City; State; Zip Code

2805 Alton Rd. Ft. Worth, Tx 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/27/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

David + Margaret Pace Sykes

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

2000 Spanish Tr. Ft. Worth, Tx 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Suzanne Smith Williams

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

5404 El Campo Ft. Worth, Tx 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Daniel + Joyce Lockwood

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

6513 Highland meadow Ct. Ft. Worth, Tx 76132

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

2/27/19

5 Full name of contributor

Jan Tersing

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

3800 Trailwood Ln. Ft. Worth, Tx 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/27/19

Full name of contributor

Karen Barlow

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

2501 Museum Way Apt. 119 Ft. Worth, Tx 76107

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/19

Full name of contributor

Rick + Susan Hill

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

4509 Ridgeway Rd. Ft. Worth, Tx 76126

350.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/19

Full name of contributor

Raymond + Courtney Dickerson

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

3721 Monticello Dr. Ft. Worth, Tx 76107

100.00

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

3/1/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Steven Poole

7 Amount of contribution (\$)

2,000.00

6 Contributor address;

City; State; Zip Code

3612 W. 5th Street Ft. Worth, Tx 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/1/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rev. Sam Hulsey

Amount of contribution (\$)

35.00

Contributor address;

City; State; Zip Code

801 Hillcrest St. Ft. Worth, Tx 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lindy Hudson

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

4713 Oak Trail Ft. Worth, Tx 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

William + Patricia Meadows

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

121 Rivercrest Dr. Ft. Worth, Tx 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

3/1/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Harold Muckleroy

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

3455 Ranchview Ct. Ft. Worth, Tx 76109

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/5/19

Full name of contributor

☐ out-of-state PAC (ID#:

Madelon Bradshaw

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

2120 Ridgmar Blvd. Ft. Worth, Tx 76116

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/19

Full name of contributor

☐ out-of-state PAC (ID#:

Kay Fortson

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

1901 Spanish Tr. Ft. Worth, Tx 76107

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/19

Full name of contributor

☐ out-of-state PAC (ID#:

Carol + Richard Minker

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

2865 Manorwood Tr. Ft. Worth, Tx 76107

100.00

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 "CT" Evans

3 Filer ID (Ethics Commission Filers)

4 Date

3/12/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike Berry

6 Contributor address;

City; State; Zip Code

6217 Genoa Rd. Ft. Worth, Tx 76116

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/12/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bob Benda

Contributor address;

City; State; Zip Code

608 Paint Pony Trail N. Ft. Worth, Tx 76108

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Deborah Freed

Contributor address;

City; State; Zip Code

3225 Preston Hollow Rd. Ft. Worth, Tx 76104

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lor + Ken Schaefer

Contributor address;

City; State; Zip Code

2705 Manorwood Trail Ft. Worth, Tx 76109

Amount of contribution (\$)

100.00

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

3/22/19

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

Ricky + Jane Paris

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

324 E. Angelina Palestine, Tx 75801

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: ①	
2 FILER NAME <i>Carin "CJ" Evans</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>1,000.00</i>	
5 Date <i>1/10/19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ed+Shannon Mc Owen</i>	8 Amount of Contribution \$ <i>1,000.00</i>	9 In-kind contribution description <i>Catering Services</i>
7 Contributor address; City; State; Zip Code <i>3724 Lenox Dr. Ft. Worth, Tx 76107</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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

\$ 2,900.00

5 Date of loan

3/6/19

7 Name of lender

☐ out-of-state PAC (ID#: _____)

John + Carin Evans

9 Loan Amount (\$)

2,500.00

6 Is lender a financial institution?

Y

N

8 Lender address;

City;

State;

Zip Code

3933 Bunting Ave. Ft. 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

3/7/19

Name of lender

☐ out-of-state PAC (ID#: _____)

John + Carin Evans

Loan Amount (\$)

300.00

Is lender a financial institution?

Y

N

Lender address;

City;

State;

Zip Code

3933 Bunting Ave. Ft. Worth, Tx 76107

Interest rate

0%

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	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	2 FILER NAME Carin "CJ" Evans	3 Filer ID (Ethics Commission Filers)
4 Date 1/18/19	5 Payee name JP Solutions	
6 Amount (\$) 1,200.00	7 Payee address; City; State; Zip Code 6421 Fershaw Pl. Ft. Worth, Tx 76116	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(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 2/1/19	Payee name JP Solutions	
Amount (\$) 1,200.00	Payee address; City; State; Zip Code 6421 Fershaw Pl. Ft. Worth, Tx 76116	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	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 2/11/19	Payee name Tanglewood PTA	
Amount (\$) 250.00	Payee address; City; State; Zip Code 3060 Overton Park Drive West Ft. Worth, Tx 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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 _____	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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 Carin "CJ" Evans	3 Filer ID (Ethics Commission Filers)
4 Date 3/6/19	5 Payee name JP solutions	
6 Amount (\$) 1,200.00	7 Payee address; City; State; Zip Code 6421 Fershaw Place Ft. Worth, Tx 76116	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(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 3/7/19	Payee name Mayes Media Group	
Amount (\$) 7,865.12	Payee address; City; State; Zip Code 312 Creekwood Dr. Sunnyvale, Tx 75182	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense Advertising Expense Printing Expense	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	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
	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		

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: 1	2 FILER NAME Carin "CJ" Evans	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 2,000.00
5 Date 3/11/19	6 Payee name Mayes Media Group	
7 Amount (\$) 2,000.00	8 Payee address; City; State; Zip Code 312 Crestwood Dr. Ft. Worth, Tx 75182	
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) Consulting Expense	(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 <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		
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	
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: 7	2 FILER NAME Carin "CJ" Evans	3 Filer ID (Ethics Commission Filers)
4 Date 1/8/19	5 Payee name La Madeleine	
6 Amount (\$) 11.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6410 Camp Bowie Fort Worth 76116	
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 1/9/19	Payee name Target	
Amount (\$) \$32.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 301 Carroll Street Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	(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

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: <u>7</u>	2 FILER NAME <u>Carin "CJ" Evans</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>1/9/19</u>	5 Payee name <u>Office Depot Office Max</u>	
6 Amount (\$) <u>63.79</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>401 Carroll Street</u> <u>Fort Worth, TX 76107</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing Expense & Event Expense</u>	(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 <u>1/10/19</u>	Payee name <u>Lucille's</u>	
Amount (\$) <u>\$146.01</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>4700 Camp Bowie</u> <u>Fort Worth, TX 76107</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>	(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

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: 7	2 FILER NAME Carin "CJ" Evans	3 Filer ID (Ethics Commission Filers)
4 Date 1/30/19	5 Payee name corner Bakery	
6 Amount (\$) 7.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3150 S. Hulen St. Fort Worth, TX 76109	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 1/30/19	Payee name USPS	
Amount (\$) 7.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2600 8th AVE Fort Worth, TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising (postage)	(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

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; 7	2 FILER NAME Carin "CJ" Evans	3 Filer ID (Ethics Commission Filers)
4 Date 2/6/19	5 Payee name Sir Speedy Printing	
6 Amount (\$) 374.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7928 Camp Bowie West Fort Worth, TX 76116	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(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

Date 2/8/19	Payee name USPS	
Amount (\$) 308.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2600 8th Avenue Fort Worth, TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising (postage)	(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

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: 7	2 FILER NAME Carin "CJ" Evans	3 Filer ID (Ethics Commission Filers)
4 Date 2/9/19	5 Payee name Office Depot Office Max	
6 Amount (\$) 39.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 401 Carroll Street Fort Worth, TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(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

Date 2/12/19	Payee name The Original	
Amount (\$) 22.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4713 Camp Bowie Fort Worth, TX 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

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: 7	2 FILER NAME Carin CJ Evans	3 Filer ID (Ethics Commission Filers)
4 Date 3/2/19	5 Payee name Pearlsnap Kolaches	
6 Amount (\$) 92.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4006 White Settlement Road Fort Worth, TX 76107	
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
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	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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

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; 7	2 FILER NAME Carin "CS" Evans	3 Filer ID (Ethics Commission Filers)
4 Date 3/5/19	5 Payee name USPS	
6 Amount (\$) 22.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2600 8th Ave Fort Worth, TX 76110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) solicitation/fundraising (postage)	(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

Date 3/6/19	Payee name Hurley House	
Amount (\$) 200 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5512 Bellaire Drive South Fort Worth, TX 76109	
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