

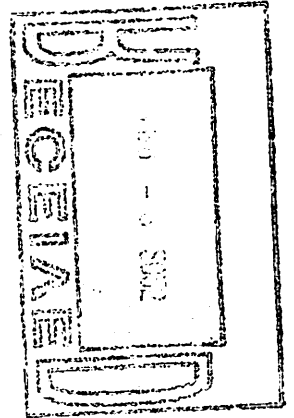
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 MR. NICKNAME	FIRST JOE LAST	MI A. SUFFIX JR.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 9235 RIGGS ST. BEAUMONT, TX 77707 APT / SUITE #: CITY: STATE: ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (409) PHONE NUMBER 444-8048 EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR. NICKNAME	FIRST JOE LAST EVANS	MI A. SUFFIX JR.
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 9235 RIGGS ST. BEAUMONT, TEXAS 77707 APT / SUITE #: CITY: STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (409) PHONE NUMBER 444-8048 EXTENSION		
9 REPORT TYPE	<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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 1 / 1 / 25 THROUGH Month Day Year 3 / 24 / 25		
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 25	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) TRUSTEE	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME JEFFERSON COUNTY INDIVISIBLE COMMITTEE ADDRESS 9235 RIGGS ST. BEAUMONT, TX. 77707 COMMITTEE CAMPAIGN TREASURER NAME JOE EVANS COMMITTEE CAMPAIGN TREASURER ADDRESS 9235 RIGGS ST. BEAUMONT, TX. 77707	



GO TO PAGE 2





AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

OFFICE USE ONLY	
Date Received APR - 3 2025	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed 4-3-25	
Date Imaged 4-3-25	

An exemption affidavit must be submitted with each paper report.

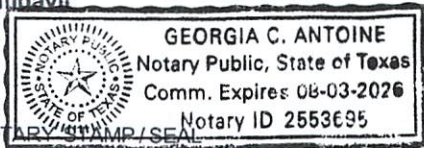
Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name JOE A. EVANS JR.	Filer ID #
---------------------------------------	------------

- I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the 30th DAY BEFORE report due on 3-24-25. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



Joe A. Evans Jr.
Signature of Filer

Sworn to and subscribed before me by Joe A. Evans, Jr this the 3rd day of April, 20 25, to certify which, witness my hand and seal of office.

<u>Georgia C. Antoine</u> Signature of officer administering oath	<u>Georgia C. Antoine</u> Printed name of officer administering oath	<u>Coordinator</u> Title of officer administering oath
--	---	---

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street), _____ (city), _____ (state), _____ (zip code), _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

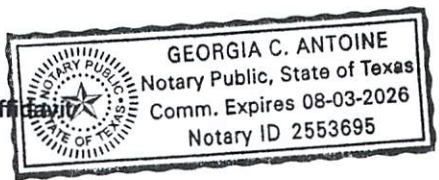
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 389.40
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,361
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,999.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 750.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Joe A. Evans, Jr.
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Joe A. Evans, Jr. this the 3rd day of April 2025, to certify which, witness my hand and seal of office.
Georgia C. Antoine Georgia C. Antoine Coordinator
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

JOE EVANS

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 3750.64

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$ 750.98

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. SCHEDULE E: LOANS

\$

5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 3,305.48

6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 55.52

12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME **JOE EVANS** 3 Filer ID (Ethics Commission Filers)

4 Date **1-17-25** 5 Full name of contributor out-of-state PAC (ID#: _____) **REGINA ROGERS** 7 Amount of contribution (\$) **\$1,000**
 6 Contributor address; City; State; Zip Code **2390 DOWLEN BEAUMONT, TX 77707**

8 Principal occupation / Job title (See Instructions) **ATTORNEY** 9 Employer (See Instructions) **SELF**

Date **1-17-25** Full name of contributor out-of-state PAC (ID#: _____) **MELANIE SCHOETTLE** Amount of contribution (\$) **\$1.00**
 Contributor address; City; State; Zip Code **P Box 2513 CONROE, TX 77305**

Principal occupation / Job title (See Instructions) **POLITICAL CONSULTANT** Employer (See Instructions) **MOXIE INNOVATIONS**

Date **1-27-25** Full name of contributor out-of-state PAC (ID#: _____) **JEFFREY and GEORGIA ANTOINE** Amount of contribution (\$) **\$25.00**
 Contributor address; City; State; Zip Code **5393 HEATHERWOOD DR BMT 77704**

Principal occupation / Job title (See Instructions) _____ Employer (See Instructions) _____

Date **1-29-25** Full name of contributor out-of-state PAC (ID#: _____) **LINDY DUSHMAN** Amount of contribution (\$) **\$25.00**
 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME JOE EVANS		3 Filer ID (Ethics Commission Filers)
4 Date 1-27-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTHA PATE	7 Amount of contribution (\$) \$ 25.00
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions) RETIRED	9 Employer (See Instructions)
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Date 1-30-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KBC CAMPAIGN	Amount of contribution (\$) \$ 300.00
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) TAX ASSESOR COLLECTOR	Employer (See Instructions) JEFFERSON County
---	--

Date 1-30-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE A. EVANS SR	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 9235 RIGGS ST. DFW 75277		

Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME J+E EVANS 3 Filer ID (Ethics Commission Filers)

4 Date 1-31-25 5 Full name of contributor out-of-state PAC (ID#: _____) ANN HALL 7 Amount of contribution (\$) \$ 35.00
 6 Contributor address; City; State; Zip Code 8265 LAKE PLACIDO DR NEDEMAN 77627

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 1-28-25 Full name of contributor out-of-state PAC (ID#: _____) HARRY AND LAJUNDA WILLIAMS Amount of contribution (\$) \$ 100.00
 Contributor address; City; State; Zip Code 1908 DETROIT AVE. NEDEMAN 77627

Principal occupation / Job title (See Instructions) RETIRED Employer (See Instructions)

Date 1-30-25 Full name of contributor out-of-state PAC (ID#: _____) PATRICIA GREENE Amount of contribution (\$) \$ 250.00
 Contributor address; City; State; Zip Code 2225 STAN WATKIN BMT 77705

Principal occupation / Job title (See Instructions) RETIRED Employer (See Instructions)

Date 1-30-25 Full name of contributor out-of-state PAC (ID#: _____) BRET FEATHERSTON Amount of contribution (\$) \$ 100.00
 Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions) ATTORNEY Employer (See Instructions) JEFFERSON COUNTY

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>JE EVANS</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-30-25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KEITH GIBLIN</i>	7 Amount of contribution (\$) <i>\$ 200.00</i>
6 Contributor address: City: State: Zip Code <i>7935 INDIAN BLANKET</i>		
8 Principal occupation / Job title (See Instructions) <i>DISTRICT ATTORNEY</i>		9 Employer (See Instructions) <i>JEFFERSON County</i>
Date <i>1-30-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JACKSON ADAMS</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address: City: State: Zip Code <i>7935 INDIAN BLANKET</i>		
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
Date <i>1-30-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>M.M. MUNRO</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address: City: State: Zip Code <i>3437 POND CIR</i>		
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
Date <i>1-31-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARIE MAGGIO</i>	Amount of contribution (\$) <i>\$ 100</i>
Contributor address: City: State: Zip Code <i>6279 IVANHOE PL. Box 7704</i>		
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
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2 FILER NAME JOE EVANS	3 Filer ID (Ethics Commission Filers)
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4 Date 2-3-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK AND KAREN STILES	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 1355 Thomas Rd. Fort 77706		

8 Principal occupation / Job title (See Instructions) RETIRED	9 Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A2

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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

1 The instruction guide explains how to complete this form. 1 Total pages Schedule A2:

2 FILER NAME: *JOE EVANS*

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date: *1-23-28*
 6 Full name of contributor: out-of-state PAC (ID#: _____) *SETTEKSON (COURT) SUNDWISSE*
 7 Contributor address: *9235 RIGGS BLVD, TX 77007*
 City: _____ State: _____ Zip Code: _____
 8 Amount of Contribution \$: *750.98*
 9 In-kind contribution description: *SIGNS*
 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: out-of-state PAC (ID#: _____)
 Contributor address: _____
 City: _____ State: _____ Zip Code: _____
 Amount of Contribution \$ _____
 In-kind contribution description _____
 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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>JOE EVANS</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2-24-25</i>	5 Payee name <i>100 Plus Black Woman of Great Bay</i>
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6 Amount (\$) <i>225.00</i>	7 Payee address; <i>4865 CORNELL DRIVE Bay 77705</i>	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <i>AD IN Program</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>JOE EVANS</i>	Office sought	Office held <i>TRUSTEE</i>
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Date <i>2-24-25</i>	Payee name <i>MOYSE INNOVATIONS</i>
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Amount (\$) <i>180.00</i>	Payee address; <i>PO Box 2513 LOWRICE, TX 77305</i>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>CONSULTING</i>	Description <i>Logo / and sign GRAPHIC CREATION DESIGN</i>
	<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 <i>JOE EVANS</i>	Office sought	Office held <i>TRUSTEE</i>
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Date <i>2-2-25</i>	Payee name <i>BRENTWOOD INVESTMENTS</i>
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Amount (\$) <i>2029.69</i>	Payee address; <i>4201 SOUTH MAJOR DR. 77707</i>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <i>VENUE</i>
	<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 <i>JOE EVANS</i>	Office sought	Office held <i>TRUSTEE</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME JOE EVANS	3 Filer ID (Ethics Commission Filers)
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4 Date 2-24-25	5 Payee name BEAUMON FSD
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6 Amount (\$) 500.00	7 Payee address; 3395 HARRISON AVE. BEAUMONT, TX. 77706	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	DONATION MADE BY CANDIDATE	FOOD FOR STRONG FAMILIES EVENT
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE EVANS	Office sought TRUSTEE	Office held
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Date 1-30-25	Payee name JOHNSENS WHOLESALE FLOREST
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Amount (\$) 56.10	Payee address; 1170 LINDSBERG DR. TSU, TX. 77707	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	EVENT DECORATION	ISALLOONS
<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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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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 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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME JOE EVANS	3 Filer ID (Ethics Commission Filers)
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4 Date 2-24-25	5 Payee name WOOD FOREST NATIONAL BANK
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6 Amount (\$) \$3.00	7 Payee address; 3775 DOWNEN RD. BMT TX 77706	City	State	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) FEES	(b) Description (See instructions regarding type of information required.) CASHIER'S CHECKS X 2
---------------------------------	--	--

Date 2-27-25	Payee name WOOD FOREST NATIONAL BANK
-----------------	---

Amount (\$) \$3.00	Payee address; 3775 DOWNEN RD. BMT, TX 77706	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FEES	Description (See instructions regarding type of information required.) PAPER STATEMENT FEE
------------------------	--	---

Date 3-27-25	Payee name WOOD FOREST NATIONAL BANK
-----------------	---

Amount (\$) \$3.00	Payee address; 3775 DOWNEN RD BMT TX. 77706	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FEES	Description (See instructions regarding type of information required.) PAPER STATEMENT FEE
------------------------	--	---

Date 1-31-25	Payee name SQUARE
-----------------	----------------------

Amount (\$) \$46.52	Payee address; 1455 MARKET ST SAN FRANCISCO, CA 94103	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FEES	Description (See instructions regarding type of information required.) PROCESSING COST
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

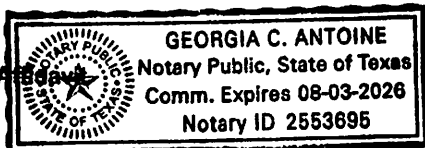
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,361.00 4,111.98
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 389.40
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,943.69 2,999.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 417.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Joe C. Antoine Jr

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affirm

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Joe A. Evans Jr this the 3rd day of April 2025, to certify which, witness my hand and seal of office.

Georgia C. Antoine Georgia C. Antoine Coordinator
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)