CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Buide explains how	to complete this form.	1 Filer ID (Ethics Commission Fi	elers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	WILLIAM	MI	OFFICE USE ONLY
NAME	NICKNAME Bill	EVANS	SUFFIX	Date Received
4 -CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO ROX	APT / SUITE #	CITY· STATE: ZIP CODI	6/24/24
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked \(\begin{align*} \lambda / 24/24 \\ \text{Receipt # Amount \$} \end{align*}
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	Data Processed
IVAIVE	NICKNAME	LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE
(Residence of Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	ection Exceeded Modifi Reporting Limit	ed Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	/ 1 M / 2 H	THROUGH	onth Pay Year 1 12 1
11 ELECTION	ELECTION DA	ATE	ELECTION	TYPE
14110246	Month Day	Year Primary	Runoff Other	
2 (1-1) (1-1)	5/4.	124 General	Special	tion
12 OFFICE	OFFICE HELD (if any	I CITA	13 OFFICE SOUGHT (if	known)
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE	RES MADE BY POLITICAL COMMITTEES TO SUPPORT E CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR LY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
	00 quy	COMMITTEE CAMPAIGN TR	EASURER ADDRESS	ne hall store
(Installed)		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME WILLIAM I	aylor Evans	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ ~
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	Signature of Cand	didate or Officeholder
	Please complete either option below:	
(1) Affidavit NOTARY STAMP/SEA	L L	SYDNEY DURHAM Notary Public, State of Texas Comm. Expires 12-19-2026 Notary ID 134110246
Sworn to and subscribed	before me by William Taylor Frans this the	24th day of June
	which, witness my hand and seal of office. What Sydney Durham	Notary Public
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declarati	on OR	
My name is	, and my date of birth is _	
My address is		
Executed in	(street) (city) (st	(country) (zip code) (country) (year)
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH

9	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$
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.

	Full name of contributor			3 Filer ID (Ethics Commission Filers)
	Full name of contributor			
		out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occupa	tion / Job title (See Instructions)	LTOS MUNE	9 Employer (See Instructi	ons)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
;	Contributor address;		State; Zip Code	
Principal occupat	ion / Job title (See Instructions)	e see	Employer (See Instructi	ons)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occupa	tion / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupa	tion / Job title (See Instructions)		Employer (See Instruct	tions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

TH	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E's uningramat anifods the set" &		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1111111111111111111111111111111111111
5 Date	6 Full name of contributor	Zip Code	8 Amount of 9 In-kind contribution Contribution \$ description
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	Zip Code	Amount of Contribution \$ In-kind contribution description
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi		

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

TI	ne Instruction Guide explains how to complete this fo	orm.	1 Total pages Sched	ule B:
FILER NAM	DE I SOMET II SHEET IN THE		3 Filer ID (Ethics C	ommission Filers)
TOTAL C	DF UNITEMIZED PLEDGES	2011-2016	\$	
Date	6 Full name of pledgor		8 Amount of Pledge \$	9 In-kind contribution description
niul e e e			Check if travel outs	l . ide of Texas. Complete Schedul
0 Principal oc	ccupation / Job title (See Instructions)	1 Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code			
				ide of Texas. Complete Schedul
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	e; Zip Code	Comment	ar and are
	Certification of the result of the control of the		Check if travel outs	ide of Texas. Complete Schedu
Principal oc	ccupation / Job title (See Instructions)	Employer (See	Instructions)	10 10 10 10 10
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State;	Zip Code	<u>.</u>	
			Check if travel outs	l side of Texas. Complete Schedu
Principal oc	cupation / Job title (See Instructions)	Employer (See	Instructions)	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

LOANS

SCHEDULE E

The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
FILER NAME	and a state section of the section o		3 Filer ID (Ethics Commission Filers
TOTAL OF UN	NITEMIZED LOANS	The second of th	\$
Date of loan	7 Name of lender out-of-state	9 PAC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N	mere and ret		11 Maturity date
2 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	40 21043404
Description of Col	ateral	15 Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructions)	
, Filliopal Occupa	non (See mandenons)	2. Employer (dee instructions)	
Date of loan	Name of lender out-of-stat	te PAC (ID#:)	Loan Amount (\$)
			Interest rate
Is lender a financial	Lender address; City;	State; Zip Code	interest rate
	Lender address; City;	State; Zip Code	Maturity date
a financial Institution?	Lender address; City;	State; Zip Code Employer (See Instructions)	
a financial Institution? Y N Principal occupati Description of Col	on / Job title (See Instructions)	Employer (See Instructions)	Maturity date Maturity date
a financial Institution? Y N Principal occupati	on / Job title (See Instructions)	Employer (See Instructions) Check if personal fur	Maturity date Maturity date
a financial Institution? Y N Principal occupati Description of Col	Ion / Job title (See Instructions) Idateral Name of guarantor Guarantor address; City;	Employer (See Instructions) Check if personal fur	Maturity date Inds were deposited into political stions)

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

redit Card Payment	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers
Date	5 Payee name		- 1/F 0
Amount (\$)	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	and investment to		the state of
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	5-0-	Edit is the second to be second
Amount (\$)	Payee address;	City;	State; Zip Code
	the state of the s		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	- 0-
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EN alos	EXPENDITURE CATE	GORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
	The Instruction Guide explain	ins how to complete this form.		
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBL	IGATIONS	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political		7
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th	is schedule) (b) Description		
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Aus	stin, TX, officeholder living e	xpense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H Payee name	Office sought	Office he	ld
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th	is schedule) Description	, 100	
	Check if travel outside of Texas. Complet	e Schedule T. Check if A	ustin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office he	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED	

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

1	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:	
2 FILER NAME	And the state of t	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom investment is purchased 6 Address of person from whom investment is purchased;	City; State; Zip Code	8
	7 Description of investment		1
	8 Amount of investment (\$)		134
Date	Name of person from whom investment is purchased	an or . Anyone	11
	Address of person from whom investment is purchased;	City; State; Zip Code	
	Description of investment		
	Take to	Am al No	
	Amount of investment (\$)		
	Skyl coffee and the second sec		
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	Jacon (CE)	(PENDITURE CAT	EGORIES	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	Fees Food/B By Gift/Aw	Expense leverage Expense rards/Memorials Expense Services	Office O Polling E Printing	payment/Reimbursem verhead/Rental Exper Expense Expense Wages/Contract Labo	Transporta Travel In I Travel Ou	District t Of District	expense ent & Related Expense not listed above)
The Instruction	Guide explains how to	complete this form.		USE A NEW PAG	E FOR EACH CRI	EDIT CARD	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	Physical Designation	11.65		3 FILER	ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	PENDITURES CHARGED TO	O A CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial inst	itution					and L
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Credit	Card Issuer Paid	5	7) 1/ 3
7 PAYEE	(a) Payee name	0.43	(b) Payee ac	ldress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Category	ies listed at the top of this sche	dule)	(b) Description			Alexander and a second
Non-Political	(c) Check if trave	outside of Texas. Complet	te Schedule T.	Che	ck if Austin, TX, office	holder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	der name	Of	fice Sought		Office Held	- 1000 -
PAYMENT	(a) Amount Charged	(b) Date Expendito	ure Charged	(c) Date(s) Credit	Card Issuer Paid		and the
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Category	les listed at the top of this sche	dule)	(b) Description			
Non-Political	(c) Check if trave	outside of Texas. Complet	te Schedule T.	Che	eck if Austin, TX, office	eholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	der name	Of	fice Sought	Discourse in	Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expendito	ure Charged	(c) Date(s) Credit	Card Issuer Paid		
PAYEE	(a) Payee name	900	(b) Payee ac	ldress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categor	ies listed at the top of this sche	dule)	(b) Description			
Non-Political	(c) Check if travel	outside of Texas. Complet	e Schedule T		heck if Austin, TX, offi	ceholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold			fice Sought		Office Held	6 capeline
	ATTACHAD	DITIONAL COPIE	S OF THIS	SCHEDULE AS	S NEEDED	- 21)	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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)

Credit Card Payment	The Instruction Guide explains how	to complete this form.	
Total pages Schedule G:	2 FILER NAME	3 Filer ID (Et	hics Commission Filers
Date	5 Payee name	4 May 11 11 11 11 11 11 11 11 11 11 11 11 11	111-11105a-
Amount (\$)	7 Payee address;	City; State	e; Zip Code
political contributions intended	consideration and a		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXI ENDITORE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder livi	ng expense
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	So 1971-101	1 m
Amount (\$)	Payee address;	City; State	e; Zip Code
Reimbursement from political contributions intended	petr angestion master		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	21/200 s
m who have an	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City; State;	Zip Code
Reimbursement from political contributions intended	1 [0]		(E) (3)
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description	71 m
12-9H	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ing expense
	Candidate / Officeholder name	Office sought	Office held

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers
Date	5 Business name		10-10-2	sel Innari
Amount (\$)	7 Business address;	City;	State;	Zip Code
	ger meanwhat the master dead and			i aneaus
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		TAUTIONS S CO
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	- m F	Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought		Office held
Date	Business name		2012-01	10
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		100/100
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought		Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to co	emplete this form.
Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	ebini softantar
Amount (\$)	7 Payee address;	City State Zip Code
	na ¹	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	EXPENSION FOR
VICTO 1 95	and the second s	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
	Office security	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received	noistinge	8 Amount (\$)
Schedule F1	6 Address of person from whom amount is received; City; Stat	te; Zip Code	2A Planared L.J. C'I southerned T. V. Inglant ontail
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received	some it	Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	SOCI Chemical Ago, Company
Established States	Purpose for which amount is received	political contribution	returned to filer
Date	Name of person from whom amount is received	o free date	Amount (\$)
	Address of person from whom amount is received; City; Stat	te; Zip Code	politica (School School)
	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received	al efector	Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	Control of the Contro

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation / Corporation or Labor Organization / Pledgor / Payee 11 Purpose of travel 12 Purpose of traveling 13 Purpose of traveling 14 Purpose of traveling 15 Purpose of travel (including name of conference, seminar, or other event) 16 Purpose of travel (including name of conference, seminar, or other event) 17 Purpose of travel (including name of conference, seminar, or other event) 18 Purpose of travel (including name of conference, seminar, or other event) 18 Purpose of travel (including name of conference, seminar, or other event) 18 Purpose of travel (including name of conference, seminar, or other event) 18 Purpose of travel (including name of conference, seminar, or other event) 18 Purpose of travel (including name of conference, seminar, or other event) 18 Purpose of travel (including name of conference, seminar, or other event) 18 Purpose of travel (including name of conference, seminar, or other event) 18 Purpose of travel (including name of conference, seminar, or other event) 18 Purpose of travel (including name of conference, seminar, or other event) 18 Purpose of travel (including name of conference, seminar, or other event) 18 Purpose of travel (including name of conference, seminar, or other event) 18 Purpose of travel (including name of conference, seminar, or other event) 18 Purpose of travel (including name of conference, seminar, or other event) 18 Purpose of travel (including name of conference, seminar, or other event) 18 Purpose of travel (including name of conference, seminar, or other event) 18 Purpos	ii tile requested ii	normation is not applicable, DO NOT include th	no page in the report.
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A2	The Instru	uction Guide explains how to complete this form.	1 Total pages Schedule T:
Schedule A2	2 FILER NAME	not asserting but notice its	3 Filer ID (Ethics Commission Filers)
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S 5 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Schedule P2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule A2 Schedule B Schedule B Schedule B Schedule B Schedule C2 Schedule D Schedule F1 Schedule A2 Schedule B Sch	Name of Contributor	Corporation or Labor Organization / Pledgor / Payee	
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S 5 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Schedule P2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule A2 Schedule B Schedule B Schedule B Schedule B Schedule C2 Schedule D Schedule F1 Schedule A2 Schedule B Sch	5 Contribution / Expend	liture reported on:	
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B2 Schedule B3 Schedule B4 Schedule COH-UC Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S Dates of travel Name of person(s) traveling Departure city or name of departure location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B4 Sc			edule C2 Schedule D Sahadula E4
8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event)			
9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2	5 Dates of travel	7 Name of person(s) traveling	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2		8 Departure city or name of departure location	Department of the Control of the Con
Name of Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S Dates of travel Name of person(s) traveling Departure city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Means of transportation Purpose of travel (including name of conference, seminar, or other event)		9 Destination city or name of destination location	
Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S Dates of travel Name of person(s) traveling Departure city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Means of transportation Purpose of travel (including name of conference, seminar, or other event)	10 Means of transportat	ion 11 Purpose of travel (including name of co	inference, seminar, or other event)
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S Dates of travel Name of person(s) traveling Departure city or name of departure location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) travelling Departure city or name of departure location Means of transportation Purpose of travel (including name of conference, seminar, or other event)	Name of Contributor	/ Corporation or Labor Organization / Pledgor / Payee	Transfer transmit of the first of the state of
Schedule F2	Contribution / Expend	diture reported on:	
Schedule F2	Schedule A2	Schedule B Schedule B(J) Sche	edule C2 Schedule D Schedule F1
Departure city or name of departure location Destination city or name of destination location	Schedule F2	Cheef I collitical contribution resur	
Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Means of transportation Purpose of travel (including name of conference, seminar, or other event)	Dates of travel	Name of person(s) traveling	
Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event)		Departure city or name of departure location	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Means of transportation Purpose of travel (including name of conference, seminar, or other event)		Destination city or name of destination location	i nome est de la produ
Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event)	Means of transporta	Purpose of travel (including name of co	onference, seminar, or other event)
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event)	Name of Contributor	/ Corporation or Labor Organization / Pledgor / Payee	D 80.950 10 10 10 10 10 10 10 10 10 10 10 10 10
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event)	Contribution / Expend	diture reported on:	
Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event)	Schedule A2	Schedule B Schedule B(J) Schedu	ule C2 Schedule D Schedule F1
Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event)	Schedule F2	Schedule F4 Schedule G Schedu	ule H Schedule COH-UC Schedule B-SS
Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event)	Dates of travel	Name of person(s) traveling	de april 100 atom 100 to
Means of transportation Purpose of travel (including name of conference, seminar, or other event)		Departure city or name of departure location	•
		Destination city or name of destination location	and a method of equipment
USCARIO GA SILUGUITO GUITO, TELEZINO PURANTITO E ILEE	Means of transporta	tion Purpose of travel (including name of co	onference, seminar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains	how to complete this form.
		Complete only if "Report Type" on	page 1 is marked "Final Report" ••
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)
	42124	JAM 1. EVAS	the second of the second of the second of the second of
3	I do no designa	TURE What expect any further political contributions or political expen	surer appointment. I also understand that I may not accept any
			Signature of Candidate / Officeholder
4	1.131.24	RWHO IS NOT AN OFFICEHOLDER uplete A & B below only if you are not an officeholder	en griften i en
	A.	CAMPAIGN FUNDS	
- 1	Chec	ck only one:	
		I do not have unexpended contributions or unexpended i	nterest or income earned from political contributions.
		may not convert unexpended political contributions or upersonal use. I also understand that I must file an annunexpended contributions or unexpended interest or inconfiling this final report. Further, I understand that I must d	or income earned from political contributions. I understand that I nexpended interest or income earned on political contributions to usual report of unexpended contributions and that I may not retain time earned on political contributions longer than six years after is spose of unexpended political contributions and unexpended cordance with the requirements of Election Code, § 254.204.
	B.	ASSETS	
	Chec	ck only one:	
		I do not retain assets purchased with political contribution	ns or interest or other income from political contributions.
		that I may not convert assets purchased with political cor	r interest or other income from political contributions. I understand stributions or interest or other income from political contributions to exets purchased with political contributions in accordance with the
			Signature of Candidate
5		CEHOLDER nplete this section <i>only</i> if you are an officeholder	HAC TO THE STATE OF THE STATE O
		file. I am also aware that I will be required to file reports of	able to an officeholder who does not have a campaign treasurer on unexpended contributions if, after filing the last required report as ner income from political contributions, or assets purchased with tical contributions.
			Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

the same of the sa		3	
	n affidavit must be submitted with each paper report.	Date Hand-delive	ered or Date Postmarked
Beginning on January 1, 2024, a can	didate or officeholder who has accepted more than	1	
532,810 in political contributions or n in <u>any</u> calendar year must file all sub	nade more than \$32,810 in political expenditures sequent reports electronically.	Receipt #	Amount \$
		Date Processed	Mark T
Filer name	Filer ID #	Date Imaged	
I. I swear or affirm that I have no more than \$32,810 in political	ot accepted more than \$32,810 in political co expenditures in a calendar year.	ntributions o	r made
2. I further swear or affirm that I	do not use computer equipment to keep curr litures, or persons making political contribution	ent records ons to me.	of political
 I further swear or affirm that n contract, uses computer equiter 	o person acting as my agent or consultant, a coment to keep current records of political contributions to me.	nd no persor	n with whom I olitical
electronically if I, my agent or contributions or political expe	understand that I am required to file my cam consultant, or a person with whom I contract nditures in a calendar year, or uses compute ns, political expenditures, or persons making	exceeds \$32 r equipment t	2,810 in politica
	ns, political expenditures, or persons making	political con	tributions to me.
	e report due on is required to be filed with each campaign fir		
I am filing this affidavit with the I understand that this affidavit	e report due on is required to be filed with each campaign fin lectronic filing.		
 I am filing this affidavit with the I understand that this affidavit claiming an exemption from e 	e report due on is required to be filed with each campaign fin lectronic filing.		
 I am filing this affidavit with the I understand that this affidavit claiming an exemption from e Please complete either option 	e report due on is required to be filed with each campaign fine electronic filing.	nance report	
 I am filing this affidavit with the I understand that this affidavit claiming an exemption from e Please complete either option 	e report due on is required to be filed with each campaign fine electronic filing.		
5. I am filing this affidavit with the I understand that this affidavit claiming an exemption from e Please complete either option (1) Affidavit	e report due on is required to be filed with each campaign fine electronic filing.	nance report	for which I am
5. I am filing this affidavit with the I understand that this affidavit claiming an exemption from e Please complete either option (1) Affidavit	report due on	nance report	for which I am
D. I am filing this affidavit with the I understand that this affidavit claiming an exemption from e Please complete either option (1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by, to certify which, witness my	report due on	nance report	for which I am
I am filing this affidavit with the I understand that this affidavit claiming an exemption from e Please complete either option (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by, to certify which, witness my	e report due on report du	nance report	for which I am
5. I am filing this affidavit with the I understand that this affidavit claiming an exemption from e Please complete either option (1) Affidavit NOTARY STAMP/SEAL Sworm to and subscribed before me by	report due on	nance report	for which I am
D. I am filing this affidavit with the I understand that this affidavit claiming an exemption from e Please complete either option (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by, to certify which, witness my Signature of officer administering oath	report due on	nance report nature of Filer day of	for which I am

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

Executed in

County, State of

(month)

Signature of Filer (Declarant)

(year)

OFFICE USE ONLY

Date Received