CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Christopher	мі А		E USE ONLY	
IVAIVIE	NICKNAME	LAST Evans	SUFFIX	Date Re RECEIVE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE APR 2 APR 2 MEI DMSICH OF BUSI					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Christopher	мі А	Receipt # Date Processed	Amount \$	
	NICKNAME	NICKNAME LAST SUFFIX Evans			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	THE PERSON NAMED OF THE PERSON NAMED IN THE PE	(NO PO BOX PLEASE); APT / SU D Ridge, San Anton		STATE;	ZIP CODE	
B CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 288-2130	EXTENSION			
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)					
0 PERIOD COVERED	Month Day Year Month Day Year 4 / 5 / 24 THROUGH 4 / 25 / 24					
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description 5 / 4 / 24 General Special					
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) NEISD Trustee SMD 5					
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL COMMITTEE ADDRESS					
Additional Pages	Cont					
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			

CANDIDATE / OFFICEHOLDER

FORM C/OH

CAMPAIGI	N FIN	ANCE REPORT		CC	OVER S	SHEET PG 2
15 C/OH NAME Christopher Evans				16 File	er ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			\$ 7,928.10	
	2.	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$	737.40
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.			\$	0.00
	4.	4. TOTAL POLITICAL EXPENDITURES			\$	8,665.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY					0.00
OUTSTANDING LOAN TOTALS	o. TOTAL FRINGING ALAMOUNT OF ALL COTOTANDING LOANS AS OF THE					0.00
		Please comp	olete either option bel	ow:		
(1) Affidavit						
NOTARY STAMP/SEA	AL.					
Sworn to and subscribed	l before n	ne by	this t	he	day of	
20, to certify	which, wi	iness my hand and seal of office.				
Signature of officer administr	ering oath	Printed name of of	ficer administering oath	*	Title of of	ficer administering oath
***			OR	8		
(2) Unsworn Declarat	ion					
My name is Christophe			, and my date of birth	n is	Only Management IV	
My address is 3710 Ray	rello Ride	je	San Antonio	<u>TX</u>	78259	Bexar
Executed in Bexar		(street) County, State of TEXAS	, on the 25 day of Apr	(state)	(zip code) , 20 24	to the state of th

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	9 FILER NAME 20 Filer ID (Ethics Co Christopher Evans		
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	**************************************
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	7,928.10
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	5 5 N WAR
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	(1)
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	\$	737.40
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	\$	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

	2		2000. 2000.00 (0.00.000.00)			
TH	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2: 1				
² FILER NAM. Christoph			3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 7,928.10			
5 Date 04/24/2024	6 Full name of contributor □ out-of-state PAC (ID#: TexasFamilyAction.com 7 Contributor address; City; State; 10803 Gulfdale St, Ste 100, San Antonio, TX	Zip Code X 78216	8 Amount of Contribution \$ In-kind contribution description 7,928.10 Signs, mailers, texts, design,			
	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor'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)	Amount of In-kind contribution Contribution \$ description			
	Contributor address; City; State;	Zip Code	{			
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (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	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	* 15.00				
7-10-00	ATTACH ADDITIONAL CODIES OF T	THE COUED!	II E AC NEEDED			

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITURE CATE	GORIES	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 The Instruction Guide explai			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NA Christo	ме pher Evans	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee nar	ne		3 <u>494 49 49</u>	2 22 22 2	90 000000 90 000000
04/09/2024	Las Palapas					
6 Amount (\$) 29.71 Reimbursement from political contributions intended	7 Payee add	ress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Cetegories listed at the top of this schedule) Event (b) Description Meet and Gree			et		
	(c) (theck if travel outside of Texas, Complete Si	chedule T.	Check if Austin	n, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid Chris	ete / Officeholder name Evans	SI	Office sought MD 5 Trustee	Э	Office held
Date	Payee nar	ne				
04/09/2024	Dollar	Ггее				
Amount (\$) 16.51 Reimbursement from political contributions intended	Payee add	ress; US 281, Ste 105, Sar	n Anton	City; io, TX 78258	State;	Zip Code
PURPOSE OF EXPENDITURE	Category Event	(See Categories listed at the top of this	schedule)	Description Decorations		
)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	ı, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/0	HOLVADRO PARTERNA	ate / Officeholder name Evans	S	Office sought MD 5 Truste	е	Office held
Date 04/13/2024	Payee nar 3D Sig					
Amount (\$) 737.40 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8015 W 2nd St, Somerset, TX 78069					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signs and push cards			
	(heck if travel outside of Texes. Complete Se	chedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candid Chris	ate / Officeholder name Evans	S	Office sought MD 5 Trustee		Office held
	ATTA	CHADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEED	DED	