STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction C	Guide explains how to complete	this form.	1 Filer ID (Ethics Commission Filers) 00086155		2 Total pages filed 30	i:
3 CANDIDATE	MS / MRS / MR	FIRST	1 00000133	MI	 	
NAME				IVII	OFFICE US	SE ONLY
	Mrs.	Michelle L.			Date Received	
					ELECTRONICAL	LY FILED
	NICKNAME			CUETIV	07/15/2024	
	NICKNAME	LAST		SUFFIX	01710/2024	
		Evans				
					Date Hand-delivered or D	ate Postmarked
4 CANDIDATE	ADDRESS / PO BOX; AP	r / SUITE #; C	CITY; STATE; ZIP COD	ÞΕ		
ADDRESS	3102 Willow Cove				Receipt #	Amount
l □	Round Rock, TX 78664				Date Processed	
Change of Address	,					
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mrs.	Leslie				
IVAIVIE						
	NICKNAME	LAST		•••••	SUFFIX	
		Winters				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE)	; APT / SUITE #;	CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	2313 Lone Spur Cove					
ADDRESS	·					
(Residence or Business)	Downd Dools TV 70004					
	Round Rock, TX 78664					
7 CAMPAIGN	AREA CODE	PHONE I	NUMBER		EXTENSION	
TREASURER PHONE	(512) 698-3003					
ITTONE						
8 REPORT TYPE	January 15	☐ 30th da	y before convention / election	on i	Runoff	
			,	ı		
	X July 15	8th day	before convention / election	ո [Final report (Atta	ach SC C/OH-FR)
	_	_		•	<u> </u>	
9 PERIOD	Month Day Y	'ear			Month Da	y Year
COVERED	02/25/2024		THROUGH		06/30/	2024
	02/20/202				33,33,	
10 CONVENTION /	Month Day Y	ear ear	11 OFFICE		STATE CHAIR	
ELECTION DATE			SOUGHT		브	
					X COUNTY CHAI	IR
12 POLITICAL	Republican		COLIA	NTY (If Applica	hlo)	
PARTY	Republican				ible)	
			vviilla	mson		
		GO	TO PAGE 2			
		GU	IO FAGE 2			

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

FORM SC C/OH COVER SHEET PG 2

2 of 30

13 CANDIDATE NAME	Evans , Michelle L. ((Mrs.)		14 Filer ID 00086155	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)		candidate's knowled	s by political committees to supp Ige or consent. Candidates are re			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ИE			
	GENERAL					
		COMMITTEE ADD	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELEC		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS,	ONS , OR GUARANTEES OF LOANS	5)	\$	3,942.04
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL E	XPENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURE	ES		\$	14,198.06
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	2,497.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFADAVIT						
			I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
				Michelle L. Evans ature of Candidate		
			Sign	ature of Candidate		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		_ day
of	, 20, to c	ertify which, witness	s my hand and seal of office.			
Signature of offi	cer administering oath	Printed name	of officer administering oath	Title of office	er administeri	ng oath

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

			CC	VER S	3 of 30
l	NDIDAT	19 Filer ID 00086155	(Ethics Co	ommission Filers)	
I		E SUBTOTALS SCHEDULE		SUB	TOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,942.04
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	14,198.06
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instruc	ction Guide explains how to o	n.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/30		
2	FILER NAME Evans , Mich	elle L. (Mrs.)			3	Filer ID (Ethics Commission 00086155	n Filers)
4	Date 03/17/2024	Avila, Linda 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu Diagnosticia	Round Rock, TX 78681 pation / Job title (See Instructions)		Employer (See Instructions GISD)		
	Date 06/28/2024	Caroline Harris Davila for State Contributor address; City; State; 2)		Amount of Contribution (\$)	\$500.00
	Principal occu	Round Rock, TX 78680 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 03/04/2024	Full name of contributor on the contributor of contributor and DeDe	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	Taylor, TX 76574 pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 02/26/2024		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 03/06/2024	Full name of contributor of Grand Rock, TX 78681	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Systems Eng	pation / Job title (See Instructions) gineer		Employer (See Instructions SAIC)		
			·				

	MONET	ARY POLITICAL CONTI	SCHEDULE A1				
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/30	
2	FILER NAME Evans , Mich	elle L. (Mrs.)			3	Filer ID (Ethics Commission 00086155	on Filers)
4	Date 03/17/2024			7	Amount of Contribution (\$)	\$50.00	
8	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)	او	Employer (See Instructions	(;)		
Ü	Homemaker	odition 7 300 title (See Instructions)		None	')		
	Date Full name of contributor out-of-state PAC (ID#:) 03/04/2024 Loewy, Adam Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00		
	Dringing aggr	Austin, TX 78731		Employer (See Instructions	·/-		
	Principal occupation / Job title (See Instructions) Law Employer (See Instruction Loewy Law Firm						
	Date 03/06/2024	Full name of contributor out-of-s Norbut, Eric Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$150.00
		Round Rock, TX 78664					
	Principal occu IT	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 06/12/2024	Pete Flores Campaign	state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 03/04/2024	Soll, Terry	otate PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
			•				

	MONET	TARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/30	
2	FILER NAME Evans , Micl	helle L. (Mrs.)		3	Filer ID (Ethics Commission 00086155	n Filers)
4	Date 02/27/2024	Full name of contributor		7	Amount of Contribution (\$)	\$71.02
		Salado, TX 76571				
8	Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions None	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/26/2024 Taff, Deborah Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$71.02
	Principal occu	Salado, TX 76571 upation / Job title (See Instructions)	Employer (See Instructions	 5)		
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#: Watson, Marcia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Ausstin, TX 78717				
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions None	s)		
	Date 03/17/2024	Full name of contributor out-of-state PAC (ID#:_ Winters, Leslie Contributor address; City; State; Zip Code Round Rock, TX 78665			Amount of Contribution (\$)	\$50.00
	Principal occu Substitute T	upation / Job title (See Instructions) Teacher	Employer (See Instructions Valor	5)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/24 Rpt: 7/30	Evans , Michelle L. (Mrs.)	00086155
4	Date	5 Payee name	•
	03/07/2024	Aguilera, Ana	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	177 Northshore Blvd	
		Apt 7208	
		Portland, TX 78374	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Galaries/ Wages/ Contract Eabor	l outside of Texas. Complete Schedule T.
		Poll greeter	n, TX, officeholder living expense
		1 on greeter	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	03/04/2024	Amazon Marketplace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$115.04	410 Terry Ave N	
		•	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	,	l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	n, TX, officeholder living expense
		Polling place	e supplies
	Complete ONL V if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OH	•	Office neta
_	Data	David and	
	Date 03/07/2024	Payee name Amazon Marketplace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.53	410 Terry Ave N	
		0	
		Seattle, WA 98109	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	l outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overfielda/Nerital Expense	n, TX, officeholder living expense
		Office suppl	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
_	Total manna Cabadula F1.	The Instruction Guide explains how to complete this form.	2 Files ID (Ethica Commission Files)
1	Total pages Schedule F1: Sch: 2/24 Rpt: 8/30	Evans , Michelle L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00086155
4	Date	5 Payee name	
	04/12/2024	Amazon Marketplace	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$28.10	410 Terry Ave N	
		Seattle, WA 98109	
8	PURPOSE OF EXPENDITURE	Since Sveriicaa/Neritai Experise	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/09/2024	Amazon Marketplace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.30	410 Terry Ave N	
		Seattle, WA 98109	
	PURPOSE OF EXPENDITURE	LVCIII LXpCiisc	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/26/2024	Amazon Marketplace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$51.86	410 Terry Ave N	
		Seattle, WA 98109	
	PURPOSE OF EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this fo	orm.		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 3/24 Rpt: 9/30	Evans , Michelle L. (Mrs.)		00086155	
4	Date	5 Payee name	<u> </u>		
	04/12/2024	Anunciation Maternity Home			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$92.15	3610 Shell Road			
		Georgetown, TX 78628			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion		
	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·		ide of Texas. Com	plete Schedule T.
	LAPENDITORE			, officeholder living	expense
		Gala tid	icket		
_	Complete ONLY if direct	Condidate/Officeholder neme		Office le	al al
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office he	eia
_					
	Date	Payee name			
	03/11/2024	Blue Corn Harvest			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$42.61	212 W 7th Street			
		#105			
		Georgetown, TX 78626			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip			
	EXPENDITURE	1 000/Beverage Expense		ide of Texas. Com , officeholder living	
		l — l —	teer lunch	, onicendaer living	Гехрепое
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
	Date	Payee name			
	03/29/2024	CTTF NDP			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,000.00	PO Box 170388			
	+ =,000.00	. 6 20/ 2.6666			
		Austin, TX 78717			
	DUDDOCE		-4:		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense		ide of Texas. Com	plete Schedule T.
	EXPENDITURE	Event Expense		, officeholder living	
		Govern	nors Pray	er Breakfast	table sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/Ol	1			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Office Overhe Food/Beverage Expense Polling Expen Gift/Awards/Memorials Expense Printing Expen Legal Services Salaries/Wage

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee 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 3 Filer ID (Ethics Commission Filers)	_
	Sch: 4/24 Rpt: 10/30	Evans , Michelle L. (Mrs.) 00086155	
4	Date	5 Payee name	
	04/17/2024	Capitol Republican Women	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.94	1802 Bow Ridge	
		Cedar Park, TX 78613	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense membership fee	
		membership ree	
Ļ	Commiste ONII V if diseast	Condidate/Office holder name Office county	_
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
┕	·		_
	Date	Payee name	
	05/03/2024	City of Taylor	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$103.00	400 Porter St	
		Taylor, TX 76574	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Booth fee	
		Bootiffee	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
L			_
	Date	Payee name	
	03/01/2024	Facebook	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$183.36	1 Hacker Wy	
		Menlo Park, CA 94025	
1	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	2/11/2/10/12	Check if Austin, TX, officeholder living expense	
		Facebook ads	
L	0 1: 0		_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	Superioritate to bottom 0/01	•	
<u> </u>			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Service	Memorials Expense es ction Guide explair		Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed a	ubove)
1	Total pages Schedule F1:	2	FILER NAME				l:	3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 5/24 Rpt: 11/30		Evans , Michelle L. (Mrs.)				_	00086155		,
4	Date	5	Payee name								
	04/01/2024		Facebook								
6	Amount (\$) \$29.71	7	Payee address; Cit 1 Hacker Wy Menlo Park, CA 940		te; Zip Co	ode					
Ļ		_									
8	PURPOSE OF	(a)	Category (See Categories	listed at the top of this s	schedule)	(b)	Description		df.T O	ulata Cabadala T	
	EXPENDITURE		Advertising Expense				Check if Austin,	TX,	de of Texas. Composition officeholder living		
							Facebook ads	6			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder r	ame	Office sou	ght			Office he	eld	
	Date		Payee name				<u> </u>			<u> </u>	
	03/20/2024		Five Oh Stitch and P	rint							
	Amount (\$)	Г	Payee address; Cit	y; Sta	te; Zip Co	de					
	\$216.50		4709 Fritz Falls Cros	sing							
	DUDE CO-		Pflugerville, TX 7866								
	PURPOSE OF	(a) 	Category (See Categories	listed at the top of this s	schedule)	(b)	Description Check if travel or	u itci.	de of Texas. Com	nlata Schadula T	
	EXPENDITURE		Advertising Expense				=		officeholder living		
							t-shirts				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder r	ame	Office sou	ght			Office he	eld	
	Date		Payee name								
	04/19/2024		Georgetown Area Re	publican Wome	n PAC						
	Amount (\$)		Payee address; Cit	y; Sta	te; Zip Co	de					
	\$10.00		1530 Sun City Blvd								
			Ste 120 PMB 424								
			Georgetown, TX 786	33							
	PURPOSE	(a)	Category (See Categories	listed at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE		Event Expense				ш		de of Texas. Com		
	-						Check if Austin, Meeting regist		officeholder living	expense	
							wicething regist	ua			
	Complete ONLY if direct		Candidate/Officeholder r	ame	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI										

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/24 Rpt: 12/30	Evans , Michelle L. (Mrs.) 00086155
4	Date	5 Payee name
	03/11/2024	Gomez, Giancarlo
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 207 Pendent Drive
		Liberty Hill, TX 78642
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Poll greeter fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/24/2024	Grand Hyatt
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.50	600 Market St
		San Antonio, TX 78205
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food at convention event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	03/07/2024	Hernandez, Daniel
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 177 Northshore Blvd Apt 7208 Portland, TX 78374
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Poll greeting fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 7/24 Rpt: 13/30	Evans , Michelle L. (Mrs.) O0086155
4 Date	5 Payee name
03/05/2024	Jack Allens Kitchen
6 Amount (\$) \$59.79	7 Payee address; City; State; Zip Code 1345 E Whitestone Blvd Cedar Park, TX 78613
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch for volunteers
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/24/2024	Jagex
Amount (\$)	Payee address; City; State; Zip Code
\$24.21	220 Science Park
BURDOOF	Cambridge CB4OWA United Kingdom
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fraudulent charge (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fraudulent charge
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/18/2024	Leander Area Republican Women
Amount (\$)	Payee address; City; State; Zip Code
\$10.50	PO Box 551
	Leander, TX 78646-0551
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Meeting registration fee
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 8/24 Rpt: 14/30	Evans , Michelle L. (Mrs.) 00086155
4	Date	5 Payee name
	04/18/2024	Leander Area Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.50	PO Box 551
		Leander, TX 78646-0551
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting registration fee
		meeting registration rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	03/08/2024	Life Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$147.64	506 McNeil Road
		Round Rock, TX 78681
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage rental
		Storage remai
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/08/2024	Life Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.00	506 McNeil Road
		Round Rock, TX 78681
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Storage rental
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	OTIGICAL CONTROLLE CON	•

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

1 Total pages Schedule F1: Sch: 9/24 Rpt: 15/30 Evans , Michelle L. (Mrs.) 5 Payee name Life Storage 6 Amount (\$) \$97.00 7 Payee address; City; State; Zip Code 506 McNeil Road Round Rock, TX 78681 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage rental	Total pages Schedule F1: Schr 9/24 Rpt: 15/30 Date 05/10/2024 Sp7,00 PURPOSE OF EXPENDITURE Candidate/Officeholder name 05/10/2024 Amount (\$) Pagee ame 05/10/2024 Candidate/Officeholder name 05/10/20		Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide		-	ete this form.	OTHER (enter a	category not listed above)
Sch: 9/24 Rpt: 15/30	Sch: 9/24 Rpt: 15/30	1	Total pages Schedule F1:			-		Filer ID	(Ethics Commission Filers)
Life Storage	District Storage City; State; Zip Code		Sch: 9/24 Rpt: 15/30	Evans , Michelle L. (Mrs.)				00086155	
Samount (\$) Spring Follow Spring Sprin	Second Record Second Recor	4	Date	5 Payee name					
Second Rock, TX 78681 Second Rock TX 7868	\$97.00 506 McNeil Road Round Rock, TX 78681 8		05/10/2024	Life Storage					
Round Rock, TX 78681 PURPOSE OF EXPENDITURE (a) Category (see Categories Isted at the top of this schedule) Office Overhead/Rental Expense (b) Description	Round Rock, TX 78681 8	6	Amount (\$)	7 Payee address; City;	State; Zip Co	ode			
Complete ONLY if direct expenditure to benefit C/OH Category (see Categories listed at the top of this schedule) Complete Context it started dustated of Texas. Complete Schedule T. Check it started dustated of Texas. Complete Schedule T. Check it started dustated of Texas. Complete Schedule T. Check it started dustated of Texas. Complete Schedule T. Check it started dustated of Texas. Complete Schedule T. Check it started dustated of Texas. Complete Schedule T. Check it started dustated of Texas. Complete Schedule T. Check it started dustated of Texas. Complete Schedule T. Check it started dustated at the top of this schedule) Check it started dustated of Texas. Complete Schedule T. Check it started dustated of T	PURPOSE OF EXPENDITURE		\$97.00	506 McNeil Road					
Complete ONLY if direct expenditure to benefit C/OH Category (see Categories listed at the top of this schedule) Complete ONLY if direct Candidate/Officeholder name Office sought Office held	PURPOSE OF EXPENDITURE								
Office Overhead/Rental Expense Candidate/Officeholder name Office sought Office held	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, T.X. difficenciate hing expense Storage rental 9			Round Rock, TX 78681					
Complete QNLY if direct expenditure to benefit C/OH	## Complete QNLY if direct expenditure to benefit C/OH Date	8		(a) Category (See Categories listed at the top	o of this schedule)	(b)	Description		
9 Complete ONLY if direct expenditure to benefit C/OH Date	9 Complete ONLY if direct expenditure to benefit C/OH Date						<u> </u>		
9 Complete ONLY if direct expenditure to benefit C/OH Date O6/10/2024	9 Complete ONLY if direct expenditure to benefit C/OH Date						_	i, officeholder living	expense
Date 06/10/2024 Amount (\$) Payee address; City; State; Zip Code \$97.00 S97.00 Payee address; City; State; Zip Code S06 McNeil Road Round Rock, TX 78681 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct expenditure to benefit C/OH Date 03/14/2024 Amount (\$) Payee name Lindemann for Sheriff Campaign Amount (\$) Payee address; City; State; Zip Code PO Box 1213 Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if Austin, TX, officeholder Niving expense Code	Date O6/10/2024						Storage Territar		
Date 06/10/2024 Amount (\$) Payee address; City; State; Zip Code \$97.00 S97.00 Payee address; City; State; Zip Code S06 McNeil Road Round Rock, TX 78681 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct expenditure to benefit C/OH Date 03/14/2024 Payee name Lindemann for Sheriff Campaign Amount (\$) Payee address; City; State; Zip Code PO Box 1213 Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) (b) Description	Date O6/10/2024	9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	l ught		Office he	eld
Amount (\$)	Date O3/14/2024			+		J			
Amount (\$)	Amount (\$)		Date	Pavee name					
\$97.00 506 McNeil Road Round Rock, TX 78681	\$97.00 506 McNeil Road Round Rock, TX 78681 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct expenditure to benefit C/OH Date 03/14/2024 Amount (\$) Payee name Lindemann for Sheriff Campaign Amount (\$) Payee address; City; State; Zip Code PO Box 1213 Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if Austin, TX, officeholder living expense (b) Description Check if Austin, TX, officeholder living expense (b) Description Check if Austin, TX, officeholder living expense (c) Description Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held		06/10/2024						
Round Rock, TX 78681 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct expenditure to benefit C/OH Date ONLY if direct Lindemann for Sheriff Campaign Amount (\$) Payee address; City; State; Zip Code PORPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) OFFice Sought Diffice Sought Office Sought Office held Date ONLY if direct Lindemann for Sheriff Campaign Amount (\$) Payee address; City; State; Zip Code PORPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Round Rock, TX 78681 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct expenditure to benefit C/OH Date O3/14/2024 Amount (\$) Payee name Lindemann for Sheriff Campaign Amount (\$) Payee address; City; State; Zip Code PO Box 1213 Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Sought (b) Description Office held Office held Office held (b) Description (c) Check if Austin, TX, officeholder inving expense (d) Category (see Categories listed at the top of this schedule) Office held Complete ONLY if direct Candidate/Officeholder name Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City;	State; Zip Co	ode			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description		\$97.00	506 McNeil Road					
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description								
Office Overhead/Rental Expense Office Overhead/Rental Expense Office Overhead/Rental Expense Office Overhead/Rental Expense Office Sought Complete ONLY if direct expenditure to benefit C/OH Date 03/14/2024 Date 03/14/2024 Amount (\$) Payee name Lindemann for Sheriff Campaign Amount (\$) Payee address; City; State; Zip Code \$260.73 PO Box 1213 Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held Office held	Office Overhead/Rental Expense Office Sought Office held Office held Office held Office held Office held Office held Date			Round Rock, TX 78681					
Complete ONLY if direct expenditure to benefit C/OH Date O3/14/2024	Complete ONLY if direct expenditure to benefit C/OH Date O3/14/2024 Amount (\$) Payee address; City; State; Zip Code POB BOX 1213 Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense storage rental (b) Check if Austin, TX, officeholder living expense storage rental Office sought Office held Office held (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held			(a) Category (See Categories listed at the top	o of this schedule)	(b)	Description		
Complete ONLY if direct expenditure to benefit C/OH Date O3/14/2024	Complete ONLY if direct expenditure to benefit C/OH Date Payee name Uindemann for Sheriff Campaign Amount (\$) Payee address; City; State; Zip Code PO Box 1213 Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held			Office Overhead/Rental Expens	se		-		
Complete ONLY if direct expenditure to benefit C/OH Date 03/14/2024 Payee name Lindemann for Sheriff Campaign Amount (\$) Payee address; City; State; Zip Code \$260.73 PO Box 1213 Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sought Office held Office held	Complete ONLY if direct expenditure to benefit C/OH Date						ш	, onicendaer living	ехрепзе
Date 03/14/2024 Payee name Lindemann for Sheriff Campaign Amount (\$) Payee address; City; State; Zip Code PO Box 1213 Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Date 03/14/2024 Payee name Lindemann for Sheriff Campaign Amount (\$) Payee address; City; State; Zip Code PO Box 1213 Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense Complete ONLY if direct Candidate/Officeholder name Candidate/Officeholder name Office sought Office held								
Date 03/14/2024 Lindemann for Sheriff Campaign Amount (\$) Payee address; City; State; Zip Code \$260.73 PO Box 1213 Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Date 03/14/2024 Lindemann for Sheriff Campaign Amount (\$) Payee address; City; State; Zip Code PO Box 1213 Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sought Office held		Complete ONLY if direct	Candidate/Officeholder name	Office sou	ıght		Office he	eld
Amount (\$) Payee address; City; State; Zip Code \$260.73 PO Box 1213 Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held	DIAMOUNT (\$) Amount (\$) Payee address; City; State; Zip Code PO Box 1213 Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense Complete ONLY if direct Candidate/Officeholder name Candidate/Officeholder name Office sought Code City; State; Zip Code (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held		expenditure to benefit C/O	+					
Amount (\$) Payee address; City; State; Zip Code \$260.73 PO Box 1213 Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Amount (\$) Payee address; City; State; Zip Code PO Box 1213 Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Date	Payee name					
\$260.73 PO Box 1213 Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held	\$260.73 PO Box 1213 Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held		03/14/2024	Lindemann for Sheriff Campaig	ın				
Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Georgetown, TX 78627 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City;	State; Zip Co	ode			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$260.73	PO Box 1213					
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
OF EXPENDITURE Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held	OF EXPENDITURE Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Georgetown, TX 78627					
EXPENDITURE EVENT Expense Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held	EXPENDITURE EVENT Expense Check if Austin, TX, officeholder living expense Table sponsorhip Complete ONLY if direct Candidate/Officeholder name Office sought Office held			(a) Category (See Categories listed at the top	o of this schedule)	(b)			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Event Expense			므		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Complete ONLY if direct Candidate/Officeholder name Office sought Office held								схренае
Pr. 1 Pr. 01011	Fr. 1 Fr. 0/014						F	•	
expenditure to benefit C/OH Lindemann, Matthew Sheriff District Williamson Constable District Precinct 3	expenditure to benefit C/OH Lindemann, Matthew Sheriff District Williamson Constable District Precinct 3				Office sou	ıght		Office he	eld
			expenditure to benefit C/OI	H Lindemann, Matthew	Sheriff D	istrio	ct Williamson	Constal	ole District Precinct 3

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 10/24 Rpt: 16/30	Evans , Michelle L. (Mrs.)	00086155
4	Date	5 Payee name	
	04/29/2024	Mackenzie Kelly for Austin City Council	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	PO Box 170252	
		Austin TV 70717	
_		Austin, TX 78717	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Continuation Structure By	n, TX, officeholder living expense
		Donation to N	Mackenzie Kelly Campaign
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Kelly, Mackenzie (Mrs.) Austin City Councilwoman	Office held Austin City Councilwoman
	· 		Austin City Councilwoman
	Date	Payee name	
	03/13/2024	Mailchimp	
	Amount (\$) \$28.25	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE	
	Φ20.25	Suite 5000	
	DUDDOOF	Atlanta, GA 30308	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	n, TX, officeholder living expense
		Email market	ting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/15/2024	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.25	675 Ponce de Leon Ave NE	
		Suite 5000	
		Atlanta, GA 30308	
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	n, TX, officeholder living expense
		Email market	ting subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/24 Rpt: 17/30	Evans , Michelle L. (Mrs.)		00086155
4	Date	5 Payee name		
	05/14/2024	Mailchimp		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$28.25	675 Ponce de Leon Ave NE		
		Suite 5000		
		Atlanta, GA 30308		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense email marketing subscription
				- Constitution of Constitution
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1	•	
	Date	Payee name		
	06/13/2024	Mailchimp		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$28.25	675 Ponce de Leon Ave NE		
		Suite 5000		
		Atlanta, GA 30308		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				email marketing subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		5	
-	Date	Payee name		
	04/04/2024	NWARW PAC		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$32.00	9500 Eagle Knoll Dr		
		Austin, TX 78717		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Membership fee
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		grit	Office field
H				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/24 Rpt: 18/30	Evans , Michelle L. (Mrs.)	00086155
4	Date	5 Payee name	•
	03/11/2024	Noah Betz Bluestone Creative	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$220.00	605 Steeplechase	
		Bedford, TX 76021	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			website
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol		Office field
_	Date		
	Date	Payee name	
	03/28/2024	Norbut, Elliott	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	1117 Chad Dr	
		Round Rock, TX 78665	
	PURPOSE OF	,	Description
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Poll greeter fee
	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	04/03/2024	Office Depot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.39	110 IH-35	
		Round Rock, TX 78681	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Flyers
			i iyota
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
	expenditure to benefit C/O		Since neu
l			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District Travel Out of District

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/24 Rpt: 19/30	Evans , Michelle L. (Mrs.)	00086155
4	Date	5 Payee name	
	04/05/2024	Office Depot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$112.41	110 IH-35	
	·		
		Round Rock, TX 78681	
8	PURPOSE	()	
ľ	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		, TX, officeholder living expense
		Office supplie	es
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	ł	
F	Date	Payee name	
	04/10/2024	Office Depot	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.91	110 IH-35	
	¥2.02		
		Dound Dook TV 79691	
L		Round Rock, TX 78681	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	autoido of Taura Completo Cabadula T
	EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		office supplie	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
Г	Date	Payee name	
	04/12/2024	Office Depot	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.86	110 IH-35	
		Round Rock, TX 78681	
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	, <u> </u>	outside of Texas. Complete Schedule T.
1	EXPENDITURE		, TX, officeholder living expense
1		Printing expe	ense

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 14/24 Rpt: 20/30	2 FILER NAME Evans , Michelle L. (Mrs.) 3 Filer ID (Ethics Commission Filers) 00086155
4	Date 04/15/2024	5 Payee name Office Depot
6	Amount (\$) \$4.96	7 Payee address; City; State; Zip Code 110 IH-35
8	PURPOSE OF EXPENDITURE	Round Rock, TX 78681 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense supplies
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/15/2024	Payee name Office Depot
	Amount (\$) \$28.09	Payee address; City; State; Zip Code 110 IH-35 Round Rock, TX 78681
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business cards
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/16/2024	Payee name Office Depot
	Amount (\$) \$17.32	Payee address; City; State; Zip Code 110 IH-35
		Round Rock, TX 78681
_	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Credit Card Payment	Committee 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 3 Filer ID (Ethics Commission Filers)
Sch: 15/24 Rpt: 21/30	Evans , Michelle L. (Mrs.) 00086155
4 Date	5 Payee name
06/18/2024	Pinmart
6 Amount (\$) \$36.39	7 Payee address; City; State; Zip Code 180 Martin Lane
	Elk Grove Village, IL 60007
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pins for retiring precinct chairs
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/02/2024	Potomac Strategy Group
Amount (\$) \$250.00	Payee address; City; State; Zip Code 807 Brazos Unit 810 Austin, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense booking fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date 03/04/2024	Payee name Quantum Digital
Amount (\$) \$140.73	Payee address; City; State; Zip Code 8702 Cross Park #200 Austin, TX 78754
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing of flyers
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 16/24 Rpt: 22/30	Evans , Michelle L. (Mrs.) 00086155
4	Date	5 Payee name
	03/27/2024	Republican Party of Texas
6	Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 807 Brazos St Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Grassroots club for state party
		C. doctools of the fact of
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payron namo
		Payee name
	04/10/2024	Republican Party of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$399.00	807 Brazos St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		State convention fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/30/2024	Republican Party of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	807 Brazos St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LIMITORE	Check if Austin, TX, officeholder living expense
		Grassroots club membership
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 17/24 Rpt: 23/30	Evans , Michelle L. (Mrs.) 00086155	
4	Date	5 Payee name	
	05/28/2024	Republican Party of Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.00	807 Brazos St	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Grassroots club membership fee	
		Cracoroste dias monisoromp rec	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
۲	Date	Payee name	
	06/27/2024	Republican Party of Texas	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.00	807 Brazos St	
	,		
		Austin, TX 78701	
	PURPOSE	I no	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Grassroots club membership	
	0 1 0 0 1 1 0 1 1 1 1 1		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	· 		
	Date	Payee name	
	06/26/2024	Round Rock Donuts	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$199.60	106 W Liberty Ave	
		Round Rock, TX 78664	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) FOOD/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donuts for swearing in ceremony	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 18/24 Rpt: 24/30	2 FILER NAME Evans , Michelle L. (Mrs.) 3 Filer ID (Ethics Commission Filers) 00086155
4	Date 02/29/2024	5 Payee name Rumble Up LLC
	Amount (\$) \$4,239.00	7 Payee address; City; State; Zip Code 2021 L Street NW Suite 101-220 Washington, DC 20037
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Texting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/04/2024	Payee name Rumble Up LLC
	Amount (\$) \$1,099.00	Payee address; City; State; Zip Code 2021 L Street NW Suite 101-220 Washington, DC 20037
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense texting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/04/2024	Payee name Rumble Up LLC
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 2021 L Street NW Suite 101-220 Washington, DC 20037
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Texting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - ıl Cor	nmittee	Legal Service				/ages/	e /Contract Labor ete this form.			vel Out of D HER (enter		t egory not listed above)	
1	Total pages Schedule F1:	2	FII FR NAME			-		_		3	File	er ID	(F	Ethics Commission File	ers)
	Sch: 19/24 Rpt: 25/30		Evans , Mic		Mrs.)					Ĺ		086155	•		- - ,
4	Date	5	Payee name												
	04/04/2024		Rumble Up	LLC											
6	Amount (\$)	7	Payee addres	•	y;	State;	; Zip Co	de							
	\$99.00		2021 L Stre	et NW											
			Suite 101-2	20											
			Washington	, DC 200	37			_		_			_		
8	PURPOSE	(a)	Category (Se	e Categories	listed at the to	op of this sch	edule)	(b)	Description		_				
	OF EXPENDITURE		Advertising					ļ	Check if travel						
									Check if Austin. Texting subsc				ııg ex	pense	
									. Samy Subst	υιμ	JuUl	•			
9	Complete ONLY if direct		Candidate/Offi	ceholder r	ame	C	Office sou	ght				Office h	neld		
	expenditure to benefit C/OF	-1 													
	Date	Γ	Payee name												
	04/18/2024		Rumble Up	LLC				_		_	_				
	Amount (\$)		Payee addres	ss; Cit	īy;	State;	; Zip Co	de							
	\$79.00		2021 L Stre	et NW											
			Suite 101-2	20											
			Washington	, DC 200	37										
	PURPOSE	(a)	Category (Se	e Categories	listed at the to	op of this sch	edule)	(b)	Description						
	OF EXPENDITURE		Advertising					ļ	Check if Austin						
									Texting subs				iig ex	penod	
									. chang subs	51 IP	01	-			
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder r	ıame	C	Dffice sou	ght				Office h	neld		
	Date	Γ	Payee name					_		_	_				
	02/29/2024		Shipley Do-	Nuts											
	Amount (\$)	\vdash	Payee addres	ss; Cit	īy;	State;	; Zip Co	de							
	\$40.11		3308 William	ns Dr											
			#100												
			Georgetowr	າ, TX 786	28										
	PURPOSE	(a)	Category (Se	e Categories	listed at the to	op of this sch	edule)	(b)	Description						
	OF EXPENDITURE		Food/Bever	-					Check if travel						
	LAI LADITORE							1	Check if Austin				ng ex	pense	
									Breakfast for	vOl	iunt	eers			
	Complete ONLY if direct	<u></u>	Candidate/Offi	ceholder r	ame		Office soug	ght				Office h	neld		
	expenditure to benefit C/OF						- -,	.							
_		.l. '							,						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 20/24 Rpt: 26/30	Evans , Michelle L. (Mrs.) 00086155
4	Date	5 Payee name
	06/14/2024	Sirloin Stockade
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.00	1723 N IH 35
		Round Rock, TX 78664
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly meeting luncheon
		Monthly meeting function
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Davies same
	Date	Payee name
	03/25/2024	State Preservation Board
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.50	1201 San Jacinto Blvd
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking fee
		T WINING TOO
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	06/03/2024	Texas Values Action
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.49	1005 Congress Ave
		Suite 830
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship fee
		Sportsorship rec
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

l	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1: Sch: 21/24 Rpt: 27/30	2 FILER NAME Evans , Michelle L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00086155
4	Date 03/13/2024	5 Payee name The League Kitchen		
6	Amount (\$) \$50.03	7 Payee address; City; State; Zip Coo 10526 W Parmer Ln Bldg 4 Suite 401 Austin, TX 78717		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Volunteer lunch
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	jht	Office held
	Date 03/07/2024	Payee name Toodle, Hattie		
	Amount (\$) \$150.00	Payee address; City; State; Zip Coo 605 Winterfield Dr Apt 2007 Hutto, TX 78634	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Poll greeter fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	jht	Office held
	Date 03/18/2024	Payee name Torchys Tacos		
	Amount (\$) \$12.83	Payee address; City; State; Zip Coo 1468 E Whitestone Blvd	de	
		Cedar Park, TX 78613		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch with elections coordinator
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	jht	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Condit Could Paymont

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 22/24 Rpt: 28/30	Evans , Michelle L. (Mrs.) 00086155
4	Date	5 Payee name
	06/18/2024	Twitter
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.72	1355 Market St
		Suite 900
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense twitter blue check
		twitter blue theck
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/11/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.40	797 Sam Bass Rd
		Round Rock, TX 78681
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Postage
		1 Ostage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/03/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.00	797 Sam Bass Rd
		Round Rock, TX 78681
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Postage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/24 Rpt: 29/30	Evans , Michelle L. (Mrs.) 00086155
4	Date	5 Payee name
	04/04/2024	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.60	797 Sam Bass Rd
		Round Rock, TX 78681
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		postage
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
	Date	Payee name
	02/26/2024	Vistago Print LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$285.78	6706 Lohman Ford
l		Lago Vista, TX 78645
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORE	Check if Austin, TX, officeholder living expense
l		Signs
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
⊨	5 .	
	Date	Payee name
	02/27/2024	Walmart
l	Amount (\$)	Payee address; City; State; Zip Code
	\$15.25	620 S IH 35
		Georgetown, TX 78628
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies
		Соррано
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memo Legal Services The Instructio	orials Expense n Guide explains		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above))
1	Total pages Schedule F1:				`				3	Filer ID	(Ethics Commission	Filers)
	Sch: 24/24 Rpt: 30/30		Evans , Mic	nelle L. (Mrs	.)					00086155		
4	Date 03/18/2024		Payee name Williamson (County Repu	ıblican Party							
6	Amount (\$) \$10.72		Payee addres PO Box 393 Round Rock		State	e; Zip Co	de					
8	PURPOSE	(a)	Category (Se	e Categories liste	d at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever			ineduci		Check if travel	, TX,	de of Texas. Com officeholder living nvention		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder nam	e	Office sou	ght			Office he	eld	
	Date		Payee name									
	05/10/2024			County Repu	ıblican Wome							
	Amount (\$) \$26.00		Payee address PO Box 342		State	e; Zip Co	de					
			Round Rock	X, 1X 78680								
	PURPOSE OF EXPENDITURE	(a)	Category (Se Fees	e Categories liste	d at the top of this sc	hedule)	(b)	ш	, TX,	de of Texas. Com officeholder living		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder nam	е	Office sou	ght			Office he	eld	