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 t	his form.	1 Filer ID (Ethics Co 000862	mmission Filers) L55	2 Total pages	2 Total pages filed:11				
3 CANDIDATE	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY				
NAME	Mrs. NICKNAME	Michelle L. LAST Evans		SUFFIX	Date Received ELECTRONIC 01/15/2025	CALLY FILED				
4 CANDIDATE					Date Hand-delivered	l or Date Postmarked				
ADDRESS	ADDRESS / PO BOX; APT	/ SUITE #, C	III, SIAI	E, ZIP CODE	Receipt #	Amount				
	3102 Willow Cove				Receipt #	Anount				
Change of Address	Round Rock, TX 78664				Date Processed					
					Date Imaged					
5 CAMPAIGN	MS / MRS / MR	FIRST			MI					
TREASURER NAME	Mrs.	Leslie								
	NICKNAME	LAST			SUFFIX					
		Winters								
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE)	; APT / SU	ITE #; CITY;	STATE;	ZIP CODE				
TREASURER ADDRESS	2313 Lone Spur Cove									
(Residence or Business)	Round Rock, TX 78664									
7 CAMPAIGN TREASURER PHONE	AREA CODE (512) 698-3003	PHONE 1	NUMBER		EXTENSION					
8 REPORT TYPE	X January 15	30th day	y before conv	ention / election	Runoff					
	July 15	8th day	before conve	ntion / election	Final report	(Attach SC C/OH-FR)				
9 PERIOD COVERED	-	ear			Month	Day Year				
COVERED	07/01/2024		TH	ROUGH	12	/31/2024				
10 CONVENTION /	Month Day Ye	ear		11 OFFICE	STATE CH					
ELECTION DATE				SOUGHT						
12 POLITICAL	Republican			COUNTY (If Ap	pplicable)					
PARTY				Williamson						
		GO	TO PAGE	2						
Forms provided by Tex	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2									

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

FORM SC C/OH COVER SHEET PG 2

2 of 11

13 CANDIDATE NAME	Evans , Michelle L. (Mrs.)	L4 Filer ID (E 00086155	Ethics Commission Fi	ilers)
15 NOTICE FROM POLITICAL COMMITTEE(S)		political expenditures by political committees to suppo candidate's knowledge or consent. Candidates are rec spenditures.			have
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	3		
				T	
16 CONTRIBUTION TOTALS	OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1,67	75.09
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 3,85	55.36
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY OF THE	\$ 31	17.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFADAVIT					
		I swear, or affirm, under penalty o true and correct and includes all under Title 15, Election Code.			
		Mrs. M	lichelle L. Evans		
		Signat	ture of Candidate		-
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subso	cribed before me. by the s	aid	, this the	day	
		ertify which, witness my hand and seal of office.			
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	administering oath	-
Forms provided by Tex	xas Ethics Commissior	www.ethics.state.tx.us	V	ersion V4.1.0.5dd	2ace2

SUBTOTALS - SC C/OH	FORM SC C/OH COVER SHEET PG 3 3 of 11
18 CANDIDATE NAME19 Filer IDEvans , Michelle L. (Mrs.)00086155	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,675.09
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,855.36
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
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 C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/11 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Evans, Michelle L. (Mrs.) 00086155 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/01/2024 Judge John Carter for Congress \$500.00 6 Contributor address; City; State; Zip Code Round Rock, TX 78665 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/10/2024 \$304.91 Williamson County Republican Party Contributor address; City; State; Zip Code Georgetown, TX 78626 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 07/10/2024 Williamson County Republican Party \$397.34 Contributor address; City; State; Zip Code Georgetown, TX 78626 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/10/2024 \$472.84 Williamson County Republican Party Contributor address; City; State; Zip Code Georgetown, TX 78626 Principal occupation / Job title (See Instructions) Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 1/7 Rpt: 5/11		Evans , Michelle L. (Mrs.)				00086155	
4	Date 07/22/2024		Payee name Capital One					
6	Amount (\$) \$483.05	7 Payee address; City; State; Zip Code 5 6125 Lakeview Road Suite 800 Charlotte, NC 28269						
8	PURPOSE OF EXPENDITURE	Accounting/Banking						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice soug	ht		Office held	
	Date		Payee name					
	07/01/2024		HEB 591					
	Amount (\$) \$11.97		Payee address; City; State; 2 1700 E Palm Valley Blvd	Zip Coc	e			
			Round Rock, TX 78664					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Food/Beverage Expense	ule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense for investiture	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice soug	ht		Office held	
	Date		Payee name					
	07/02/2024		Instacart					
	Amount (\$) \$75.49		Payee address; City; State; 2 50 Beale St #600 San Francisco, CA 94105	Zip Coc	e			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Office Overhead/Rental Expense	ule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe	ense	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reinbursement nead/Rental Expense ense iense iges/Contract Labor		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 F1:	2 5		CAPIULLE	1000 00 0000		2	Filer ID (Ethics Commission Filers)		
T	Sch: 2/7 Rpt: 6/11		Evans , Michelle L. (Mrs.)				°	00086155		
4	Date	5 F	ayee name							
	07/08/2024	L	ife Storage							
6	Amount (\$)	7 F	Payee address; City;	State;	; Zip Coo	е				
	\$97.00	5	06 McNeil Road							
		F	Round Rock, TX 78681							
8	PURPOSE OF		Category (See Categories listed at the to		iedule)	b) Description				
	EXPENDITURE	0	Office Overhead/Rental Expen	se				ide of Texas. Complete Schedule T. , officeholder living expense		
						Storage facili		, uncertoider living expense		
						eterage laem	, cy			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	(Office soug	ht		Office held		
	Date	F	ayee name							
	08/08/2024	L	ife Storage							
	Amount (\$)	F	Payee address; City;	State;	; Zip Coo	e				
	\$177.00	5	06 McNeil Road							
		F	Round Rock, TX 78681							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Office Overhead/Rental Expen		edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct	Ca	ndidate/Officeholder name		Dffice soug	ht		Office held		
	expenditure to benefit C/OF									
	Date	F	Payee name							
	09/08/2024		ife Storage							
	Amount (\$)		Payee address; City;	State	; Zip Coo	0				
	\$177.00		606 McNeil Road	State,	, zip cot	C				
	Φ177.00									
		F	Round Rock, TX 78681							
	PURPOSE	(a) (Category (See Categories listed at the to	p of this sch	iedule)	b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expen	se				ide of Texas. Complete Schedule T.		
								, officeholder living expense		
						Storage facili	ty			
						-				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held		
		•								

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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 F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 3/7 Rpt: 7/11	Evans , Michelle L. (Mrs.)	00086155					
4		Payee name						
	10/08/2024	Life Storage						
6		Payee address; City; State; Zip Code						
	\$177.00	506 McNeil Road						
		Round Rock, TX 78681						
8	PURPOSE OF	(b) Description						
	EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
		Storage facilit						
			°					
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held								
	Date	Payee name						
	11/08/2024	Life Storage						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$177.00	506 McNeil Road						
		Round Rock, TX 78681						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ty					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/08/2024	Life Storage						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$177.00	506 McNeil Road						
		Round Rock, TX 78681						
	PURPOSE OF	(b) Description						
	EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ty					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Explose The Instruction Guide explains how to complete this form.	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 F1:		3 Filer ID (Ethics Commission Filers)				
	Sch: 4/7 Rpt: 8/11	Evans , Michelle L. (Mrs.)	00086155				
4	Date 07/22/2024	Payee name Office Depot					
6	Amount (\$) \$36.77	Payee address; City; State; Zip Code 110 IH-35 Round Rock, TX 78681					
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) office supplies (b) Description Image: Check if Check if Check if Austin, TX, office of Texas. Complete Schedule Office supplies Check if Austin, TX, officeholder living expense Office supplies						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/31/2024	Palm Valley Lutheran Church					
	Amount (\$) \$1,625.00	Payee address;City;State;Zip Code2500 E Palm Valley Blvd					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/27/2024	Republican Party of Texas					
	Amount (\$) \$15.00	Payee address;City;State;Zip Code807 Brazos St					
L		Austin, TX 78701					
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense Ib membership				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				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 F1:	2			•		•	3	Filer ID	(Ethics Commission Filers)
-	Sch: 5/7 Rpt: 9/11	-		- helle L. (Mrs.)					00086155	
4	Date	5	Payee name							
	08/26/2024		Republican	Party of Texas	5					
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Coo	le			
	\$15.00		807 Brazos	St						
			Austin, TX	78701						
8	PURPOSE		<u> </u>				(b) Description			
ľ	OF	("	Fees	ee Categories listed a	t the top of this sch	edule)		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		1005						, officeholder living	
							Grassroots c	lub	membershi	0
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH						ht		Office he	eld	
	Date		Payee name							
	09/26/2024		Republican	Party of Texas	6					
	Amount (\$)		Payee addre	ss; City;	State:	Zip Co	le			
	\$15.00		807 Brazos		,					
	+_0.00									
			Austin, TX	78701						
	PURPOSE OF EXPENDITURE	(a)	Category _{(S} Fees	ee Categories listed a	t the top of this sch	edule)		n, TX	ide of Texas. Com , officeholder living membershi	j expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C			Candidate/Off	iceholder name	C	Dffice soug	ht		Office he	eld
_	Date		Payee name							
	10/26/2024		-	Party of Texas	3					
_	Amount (\$)		Payee addre	-		Zip Co	10			
	\$15.00		807 Brazos		Siale,	, zip cot	ie			
	φ13.00		007 DIA203	51						
			Austin, TX	78701						
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees						ide of Texas. Com	
									, officeholder living) expense
							Storage facili	ιy		
	Operation ON States					Dff:				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Off	iceholder name	C	Office soug	Int		Office he	910

	Advertising Expense Accounting/Banking Consulting 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)						
LT.								
	Sch: 6/7 Rpt: 10/11	Evans , Michelle L. (Mrs.) 00086155						
4	Date	5 Payee name						
	11/26/2024	Republican Party of Texas						
_								
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$15.00	807 Brazos St						
		Auctin TV 70701						
		Austin, TX 78701						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
		Fees Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Grassroots club membership						
9	Complete ONIL V if direct	Candidate/Officeholder name Office sought Office held						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI							
	- p							
	Date	Payee name						
	12/26/2024	Republican Party of Texas						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$15.00	807 Brazos St						
		Austin, TX 78701						
		Ausuii, 1× 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.						
		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	5						
	Date	Payee name						
	07/01/2024	Taco Cabana						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$397.34	4400 E Palm Valley Blvd						
		Round Rock, TX 78665						
_	DUDDOCC							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Breakfast tacos for investiture						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/Oł	5						

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 7/7 Rpt: 11/11	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Evans , Michelle L. (Mrs.) 00086155
4	Date	5 Payee name
	07/25/2024	Texas Values Action
6	Amount (\$) \$153.74	7 Payee address; City; State; Zip Code 1005 Congress Ave Suite 830 Austin, TX 78701
8	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 Event sponsorship
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held