

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 1

| | | | | | | | | | | |
|---|---|--|----------------------|---------------------------|--|-----------|--------|----------------|--|-------------|
| The SC C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00086155 | | 2 Total pages filed: 8 | | | | | | |
| 3 CANDIDATE NAME | MS / MRS / MR Mrs. | | FIRST Michelle L. | | MI | | | | | |
| | NICKNAME | | LAST Evans | | | SUFFIX | | | | |
| 4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3102 Willow Cove Round Rock, TX 78664 | | | | | | | | | |
| | OFFICE USE ONLY | | | | | | | | | |
| | Date Received ELECTRONICALLY FILED 07/15/2025 | | | | | | | | | |
| | Date Hand-delivered or Date Postmarked | | | | | | | | | |
| | <table border="1"> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> | | | | | Receipt # | Amount | Date Processed | | Date Imaged |
| Receipt # | Amount | | | | | | | | | |
| Date Processed | | | | | | | | | | |
| Date Imaged | | | | | | | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs. | | FIRST Leslie | | MI | | | | | |
| | NICKNAME | | LAST Winters | | | SUFFIX | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2313 Lone Spur Cove Round Rock, TX 78664 | | | | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (512) 698-3003 | | PHONE NUMBER | | EXTENSION | | | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH-FR) | | | | | | | | | |
| 9 PERIOD COVERED | Month Day Year 01/01/2025 | | THROUGH | | Month Day Year 06/30/2025 | | | | | |
| 10 CONVENTION / ELECTION DATE | Month Day Year | | 11 OFFICE SOUGHT | | <input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR | | | | | |
| 12 POLITICAL PARTY | Republican COUNTY (If Applicable) Williamson | | | | | | | | | |

GO TO PAGE 2

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT:
SUPPORT & TOTALS**

**FORM SC C/OH
COVER SHEET PG 2**

2 of 8

| | |
|---|---|
| 13 CANDIDATE NAME Evans , Michelle L. (Mrs.) | 14 Filer ID (Ethics Commission Filers) 00086155 |
|---|---|

| | | | |
|---|--|---|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures. | | |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

| | | |
|---|---|-------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,182.00 |
| ----- EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 267.00 |
| ----- CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1,230.55 |
| ----- OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

17 AFFADAVIT

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

Mrs. Michelle L. Evans

Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

| | | |
|---|--|-------------------------------------|
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |
|---|--|-------------------------------------|

SUBTOTALS - SC C/OH**FORM SC C/OH
COVER SHEET PG 3**

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| | | |
|--|---|---|
| 18 CANDIDATE NAME Evans , Michelle L. (Mrs.) | | 19 Filer ID (Ethics Commission Filers) 00086155 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,182.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 267.00 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/8 |
| 2 FILER NAME Evans , Michelle L. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00086155 |
| 4 Date 05/06/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Bob <hr/> 6 Contributor address; City; State; Zip Code Taylor, TX 76574 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Owner | | 9 Employer (See Instructions) 90 Degrees |
| Date 05/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denman, Ruth <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613 | Amount of Contribution (\$) \$47.00 |
| Principal occupation / Job title (See Instructions) Hospitality Marketing | | Employer (See Instructions) CP Hotels, LLC |
| Date 06/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennemer, Dale <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Counselor |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prilliman, Rich <hr/> Contributor address; City; State; Zip Code Austin, TX 78729 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 06/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Jonathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78717 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Texas Values |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/8 |
| 2 FILER NAME Evans , Michelle L. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00086155 |
| 4 Date 06/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwertner, Charles 6 Contributor address; City; State; Zip Code Austin, TX 78711 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self |
| Date 01/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Arnam, Catherine Contributor address; City; State; Zip Code Cedar Park, TX 78613 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Comms | | Employer (See Instructions) State of Texas |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 1/3 Rpt: 6/8 | 2 FILER NAME Evans , Michelle L. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00086155 |
| 4 Date 01/08/2025 | 5 Payee name Life Storage | |
| 6 Amount (\$) \$177.00 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit rental |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/27/2025 | Payee name Republican Party of Texas | |
| Amount (\$) \$15.00 | Payee address; City; State; Zip Code 807 Brazos St Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Grassroots club |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/27/2025 | Payee name Republican Party of Texas | |
| Amount (\$) \$15.00 | Payee address; City; State; Zip Code 807 Brazos St Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Grassroots club |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 2/3 Rpt: 7/8 | 2 FILER NAME Evans , Michelle L. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00086155 |
| 4 Date 03/27/2025 | 5 Payee name Republican Party of Texas | |
| 6 Amount (\$) \$15.00 | 7 Payee address; City; State; Zip Code 807 Brazos St Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Grassroots club |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/27/2025 | Candidate/Officeholder name Republican Party of Texas | |
| Amount (\$) \$15.00 | Payee address; City; State; Zip Code 807 Brazos St Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Grassroots club |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/27/2025 | Candidate/Officeholder name Republican Party of Texas | |
| Amount (\$) \$15.00 | Payee address; City; State; Zip Code 807 Brazos St Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Grassroots club |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 3/3 Rpt: 8/8 | 2 FILER NAME Evans , Michelle L. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00086155 |
| 4 Date 06/27/2025 | 5 Payee name Republican Party of Texas | |
| 6 Amount (\$) \$15.00 | 7 Payee address; City; State; Zip Code 807 Brazos St Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Grassroots club |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |