

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00086347	<b>2</b> Total pages filed: 13														
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST Evelyn L.</td> <td style="width: 40%;">MI </td> </tr> <tr> <td colspan="3"> <hr/> </td> </tr> <tr> <td>NICKNAME</td> <td>LAST Brooks</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR The Honorable	FIRST Evelyn L.	MI 	<hr/>			NICKNAME	LAST Brooks	SUFFIX	<b>OFFICE USE ONLY</b>					
	MS / MRS / MR The Honorable	FIRST Evelyn L.	MI 														
<hr/>																	
NICKNAME	LAST Brooks	SUFFIX															
Date Received <b>ELECTRONICALLY FILED</b> 02/10/2026																	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 3245 Main St. Ste. 235-141 Frisco, TX 75034		Date Hand-delivered or Date Postmarked  <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">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																
<b>5</b> CAMPAIGN TREASURER NAME  <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST Evelyn L.</td> <td style="width: 40%;">MI </td> </tr> <tr> <td colspan="3"> <hr/> </td> </tr> <tr> <td>NICKNAME</td> <td>LAST Brooks</td> <td>SUFFIX</td> </tr> </table>			MS / MRS / MR The Honorable	FIRST Evelyn L.	MI 	<hr/>			NICKNAME	LAST Brooks	SUFFIX						
MS / MRS / MR The Honorable	FIRST Evelyn L.	MI 															
<hr/>																	
NICKNAME	LAST Brooks	SUFFIX															
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3245 Main St. Ste. 235-141 Frisco , TX 75034																	
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 322-9780																
<b>8</b> REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)						
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)														
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)														
<b>9</b> PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 15%;">Year</td> <td style="width: 20%;"></td> <td style="width: 20%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> </tr> <tr> <td></td> <td></td> <td>01/01/2026</td> <td>THROUGH</td> <td></td> <td></td> <td>01/22/2026</td> </tr> </table>			Month	Day	Year		Month	Day	Year			01/01/2026	THROUGH			01/22/2026
Month	Day	Year		Month	Day	Year											
		01/01/2026	THROUGH			01/22/2026											
<b>10</b> ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special														
	<b>11</b> OFFICE OFFICE HELD (if any) State Board Of Education District 14		<b>12</b> OFFICE SOUGHT (if known) Governor														

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Brooks, Evelyn L. (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00086347
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 787.39
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 1,780.29
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 4,432.12
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 19,120.40

**17 AFFIDAVIT**

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.

The Honorable Evelyn L. Brooks  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

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	_____ Printed name of officer administering	_____ Title of officer administering oath
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**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 13

<b>18 FILER NAME</b> Brooks, Evelyn L. (The Honorable)		<b>19 Filer ID</b> 00086347	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	387.39
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	400.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	4,045.12
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	387.00
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	4,045.12
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 4/13
<b>2</b> FILER NAME Brooks, Evelyn L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086347
<b>4</b> Date 01/20/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034	<b>7</b> Amount of Contribution (\$)  \$5.52
<b>8</b> Principal occupation / Job title (See Instructions) IT		<b>9</b> Employer (See Instructions) TSG
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Felicia <hr/> Contributor address; City; State; Zip Code  Fontana, TX 91740	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) CA State
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Matthew <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$)  \$26.35
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Amisha <hr/> Contributor address; City; State; Zip Code  Princeton, TX 75407	Amount of Contribution (\$)  \$5.52
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shouse, Corbin <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 5/13	
2 FILER NAME Brooks, Evelyn L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086347	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/13/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Julies	8 Amount of contribution (\$) \$400.00	9 In-kind contribution description Provided me four nights of housing accommodations.
7 Contributor address; City; State; Zip Code  Seminole, TX 79360		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Environment Designer Specialist		11 Employer (FOR NON-JUDICIAL) (See instructions) Self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/5 Rpt: 6/13	
<b>2</b> FILER NAME Brooks, Evelyn L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086347	
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 1,020.55	
<b>5</b> Date of loan 01/04/2026	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) BROOKS, EVELYN (Mrs.)		<b>9</b> Loan Amount (\$) \$135.57
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  FRISCO, TX 75034		<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions) SELF	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 01/12/2026	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) BROOKS, EVELYN (Mrs.)		Loan Amount (\$) \$110.00
Is lender a financial institution? No	Lender address; City; State; Zip Code  FRISCO, TX 75034		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) SELF	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 2/5 Rpt: 7/13
<b>2</b> FILER NAME Brooks, Evelyn L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086347
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 1,020.55
<b>5</b> Date of loan 01/13/2026	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) BROOKS, EVELYN (Mrs.)	<b>9</b> Loan Amount (\$) \$129.25
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  FRISCO, TX 75034	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Educator		<b>13</b> Employer (See Instructions) SELF
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)
Date of loan 01/13/2026	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) BROOKS, EVELYN (Mrs.)	Loan Amount (\$) \$1,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code  FRISCO, TX 75034	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) SELF
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 3/5 Rpt: 8/13	
<b>2</b> FILER NAME Brooks, Evelyn L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086347	
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 1,020.55	
<b>5</b> Date of loan 01/16/2026	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) BROOKS, EVELYN (Mrs.)		<b>9</b> Loan Amount (\$) \$130.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  FRISCO, TX 75034		<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Educator		<b>13</b> Employer (See Instructions) SELF	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 01/19/2026	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) BROOKS, EVELYN (Mrs.)		Loan Amount (\$) \$319.75
Is lender a financial institution? No	Lender address; City; State; Zip Code  FRISCO, TX 75034		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) SELF	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	



# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 4/5 Rpt: 9/13	
<b>2</b> FILER NAME Brooks, Evelyn L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086347	
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 1,020.55	
<b>5</b> Date of loan 01/20/2026	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) BROOKS, EVELYN (Mrs.)		<b>9</b> Loan Amount (\$) \$500.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  FRISCO, TX 75034		<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Educator		<b>13</b> Employer (See Instructions) SELF	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 01/21/2026	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) BROOKS, EVELYN (Mrs.)		Loan Amount (\$) \$200.00
Is lender a financial institution? No	Lender address; City; State; Zip Code  FRISCO, TX 75034		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) SELF	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 5/5 Rpt: 10/13
<b>2</b> FILER NAME Brooks, Evelyn L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086347
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 1,020.55
<b>5</b> Date of loan 01/22/2026	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) BROOKS, EVELYN (Mrs.)	<b>9</b> Loan Amount (\$) \$500.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  FRISCO, TX 75034	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Educator		<b>13</b> Employer (See Instructions) SELF
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# 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: 1/1 Rpt: 11/13	2 FILER NAME Brooks, Evelyn L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086347
4 Date 01/21/2026	5 Payee name NTTA	
6 Amount (\$) \$366.51	7 Payee address; City; State; Zip Code P.O. BOX 660244  Dallas, TX 75266	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for Instate Travel.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought  Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: Sch: 1/2 Rpt: 12/13	<b>2</b> FILER NAME Brooks, Evelyn L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00086347
<b>4</b> Date 01/13/2026	<b>5</b> Payee name Absolute Love Publishing	
<b>6</b> Amount (\$) \$1,000.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 5000 Mesa Verde Circle  Austin, TX 78749	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense administrative and consulting contract services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/21/2026	Payee name Bexar County GOP	
Amount (\$) \$200.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 909 NE Interstate 410 Loop #801  San Antonio, TX 78209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign advertising expense.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/19/2026	Payee name Enterprise Rental Car	
Amount (\$) \$319.75  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2424 E 38th St, DFW Airport  Dallas, TX 75261	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel for campaign in Texas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

## 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.

<b>1</b> Total pages Schedule G: Sch: 2/2 Rpt: 13/13	<b>2</b> FILER NAME Brooks, Evelyn L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00086347
<b>4</b> Date 01/16/2026	<b>5</b> Payee name Hilton Hotel & Resorts	
<b>6</b> Amount (\$) \$130.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 4140 Governors Row  Austin, TX 78744	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to Austin to campaign.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/04/2026	Payee name J.D. Theodore & Restaurant	
Amount (\$) \$135.57  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6959 Lebanon Rd Suite 110  Frisco, TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign strategy meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2026	Payee name Silverstone	
Amount (\$) \$500.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2600 N Stemmons Freeway STE. 117 Dallas, TX 75207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Provided consulting services for campaign.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held