

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00086347	2 Total pages filed: 13		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST The Honorable Evelyn L.	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Brooks	SUFFIX	Date Received ELECTRONICALLY FILED 02/10/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 3245 Main St. Ste. 235-141 Frisco, TX 75034			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST The Honorable Evelyn L.	MI			
	NICKNAME	LAST Brooks	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3245 Main St. Ste. 235-141 Frisco , TX 75034		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (972) 322-9780					
8 REPORT TYPE	<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)					
9 PERIOD COVERED	Month 01/01/2026	Day	Year	Month 01/22/2026	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Board Of Education District 14			12 OFFICE SOUGHT (if known) Governor		

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**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

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13 C / OH NAME	Brooks, Evelyn L. (The Honorable)		14 Filer ID (Ethics Commission Filers) 00086347
15 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 787.39
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 1,780.29
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 4,432.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00
OUTSTANDING LOAN TOTALS	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

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

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<b>18</b> FILER NAME Brooks, Evelyn L. (The Honorable)	<b>19</b> Filer ID (Ethics Commission Filers) 00086347
<b>20</b> SCHEDULE SUBTOTALS 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	<b>7</b> Amount of Contribution (\$) \$5.52
	<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034	
<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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Fontana, TX 91740	
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	Amount of Contribution (\$) \$26.35
	Contributor address; City; State; Zip Code  Georgetown, TX 78628	
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	Amount of Contribution (\$) \$5.52
	Contributor address; City; State; Zip Code  Princeton, TX 75407	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Spring, TX 77379	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

## 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		\$ 1,020.55
<b>5</b> Date of loan 01/04/2026	<b>7</b> Name of lender BROOKS, EVELYN (Mrs.)	<b>9</b> out-of-state PAC (ID#: \$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 BROOKS, EVELYN (Mrs.)	out-of-state PAC (ID#: \$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		\$ 1,020.55
<b>5</b> Date of loan 01/13/2026	<b>7</b> Name of lender BROOKS, EVELYN (Mrs.)	<b>9</b> out-of-state PAC (ID#: \$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 BROOKS, EVELYN (Mrs.)	out-of-state PAC (ID#: \$1,000.00
<b>Is lender a financial institution? No</b>	<b>Lender address; City; State; Zip Code FRISCO, TX 75034</b>	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"/>
<b>GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable</b>	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
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		\$ 1,020.55
<b>5</b> Date of loan 01/16/2026	<b>7</b> Name of lender BROOKS, EVELYN (Mrs.)	<b>9</b> out-of-state PAC (ID#: \$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 BROOKS, EVELYN (Mrs.)	out-of-state PAC (ID#: \$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		\$ 1,020.55
<b>5</b> Date of loan 01/20/2026	<b>7</b> Name of lender BROOKS, EVELYN (Mrs.)	<b>9</b> out-of-state PAC (ID#: \$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 BROOKS, EVELYN (Mrs.)	out-of-state PAC (ID#: \$200.00
<b>Is lender a financial institution? No</b>	<b>Lender address; City; State; Zip Code FRISCO, TX 75034</b>	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"/>
<b>GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable</b>	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
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		\$ 1,020.55
<b>5</b> Date of loan 01/22/2026	<b>7</b> Name of lender BROOKS, EVELYN (Mrs.)	<b>9</b> out-of-state PAC (ID#: \$500.00)
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; 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 <input checked="" type="checkbox"/> (See Instructions)
<b>16</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor .....	<b>19</b> Amount Guaranteed (\$)
<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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 1/2 Rpt: 12/13	2 FILER NAME Brooks, Evelyn L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086347	
4 Date 01/13/2026	5 Payee name Absolute Love Publishing		
6 Amount (\$) \$1,000.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5000 Mesa Verde Circle  Austin, TX 78749		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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	
9 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 2/2 Rpt: 13/13	2 FILER NAME Brooks, Evelyn L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086347	
4 Date 01/16/2026	5 Payee name Hilton Hotel & Resorts		
6 Amount (\$) \$130.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4140 Governors Row  Austin, TX 78744		
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 Travel to Austin to campaign.	
9 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