### **UNSWORN DECLARATION**

FORM **UD** 

Attach this unsw	OFFICE USE ONLY					
campaign finance r	Date Received					
lieu of a notarize	July 17, 2023 by Edma R. But					
Remedies Code § 132	2.001.		by Etha R. Butt			
1 FILER ID: (Ethics Commission filers)						
			Method of Dalivery			
2 NAME OF FILER (PLEASE TYPE OR PRINT)	Koxanne J.	Evans	Date Processed			
3 TYPE OF FILER	' CANDIDATE/ OFFICE	HOLDER	POLITICAL COMMITTEE			
	JUDICIAL CANDIDATI	E/ OFFICEHOLDER	POLITICAL PARTY			
	PERSONAL FINANCIA	AL STATEMENT	STATE/COUNTY CHAIR			
	DIRECT CAMPAIGN E	XPENDITURE				
4 TYPE OF REPORT	A	í				
	Semi-annua					
5 DUE DATE	7/17/23					
6 UNSWORN DECLARAT	ION:					
My name is AUXO	One Evans  Oneadowood  (street)	, and my date of birth is	4/4/52			
My Address is <u>730</u>	U Meadowald	AUSTIN TX.	78723 USA			
	(street)	(city) (state)	(zip code) (country)			
	enalty of perjury that the informa n required to be reported by me					
Executed in TRAV /	$\frac{S}{2}$ County, State of $\frac{\int \mathbb{R} \sqrt{A_{i}}}{2}$	$\int_{0.5}^{\infty} day of $	Ju 4,20 23			
		2 113000				
	-	Signature of Filer Committee	ee Representative			
		(Declaran	•			

#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR FIRST М OFFICE USE ONLY OFFICEHOLDER Roxanne NAME Date Received NICKNAME SUFFIX LAST Evans CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: CITY; ZIP CODE Date Hand-delivered or Date Postmarked OFFICEHOLDER 7300 Meadowwood Dr MAILING Receipt # Amount **ADDRESS** Austin, TX 78723 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI TREASURER Cheryl NAME SUFFIX NICKNAME LAST Bradley CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE TREASURER ADDRESS 1198 Angelina St Austin TΧ 78702 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER 512 576-2762 PHONE 8 REPORT TYPE 15th day after campaign treasurer 30th day before election January 15 Runoff appointment (officeholder only) Final Report (Attach C/OH-FR) $|\mathbf{x}|$ July 15 8th day before election Exceeded modified reporting limit PERIOD Year Month Month Day Day Year COVERED THROUGH 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runolf Other 11/08/2022 X General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) AISD Place 1 **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTAL S

### FORM C/OH COVER SHEET PG 2

	<u> </u>			2 of 7				
13 C / OH NAME	Evans, Roxanne	1	4 Filer ID					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure These expenditures may have been made without the d officeholders are required to report this information of	e candidate's or officeh	older's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	***************************************					
<u> </u>	GENERAL							
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS	***************************************					
16 CONTRIBUTION TOTALS	TOTAL UNITEM OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELECT	PLEDGES, LOANS, RONICALLY)	<b>\$</b> 0.00				
		\$ 0.00						
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00				
	4. TOTAL POLITICAL EXPENDITURES							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	ST DAY OF THE	S 1,418.54					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	F THE LAST DAY	<b>\$</b> 0.00					
17 AFFIDAVIT								
		I swear, or affirm, under penalty o true and correct and includes all in under Title 15, Election Code.						
		Signature of C	andidate or Officeholds	er				
AFFIX NO	TARY STAMP / SEAL ABO	DVE						
Sworn to and subs	cribed before me, by the s	aid	_, this the	day				
ef	, 20, to ce	ertify which, witness my hand and seal of office.						
Signature of offi	cer administering	Printed name of officer administering	Title of officer a	dministering oath				

### FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 3 of 7 19 Filer ID 18 FILER NAME Evans, Roxanne 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS S SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS 3.547.83 SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 5. |X|SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 12. TO FILER

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awar ee Legal Se	The Instruction Guide explains how to con			e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not fisted above)	
1	Total pages Schedule F1:	2 FIL	ER NAME	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>				3	Filer ID
	Sch: 1/4 Rpt: 4/7	Eva	ans, Roxanne						
4	Date	5 Pay	yee name					٠	MT M
ŀ	03/02/2023	1	ican American '	Youth Harvest					
6	Amount (\$)	7 Pay	ee address;	City; State;	; Zip Co	de			
	\$108.58		33 US 290	•	•				
		Su	ite 307						
		Au	stin, TX 78723						
8	PURPOSE	<del> </del>		C. A		(h)	Description		
ľ	OF			ones listed at the top of this sch lations Made By	edule)	(5)	_ ·	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE			older/Political Comm	nittee		<u></u>		officeholder living expense
						ĺ	Donation to N	Von	) Profit
					l	<u> </u>			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholde	er name C	Office sou	ght			Office held
	Date	Pay	/ee name				***************************************		
	03/02/2023	Au:	stin African Am	erican Book Festival					
	Amount (\$)	Pay	/ee address;	City; State;	: Zip Co	de			
\$108.58 PO Box 3313									
		Pflu	ugerville, TX 78	691					
	PURPOSE			ones listed at the top of this sch	edule)	(b)	Description		
	OF EXPENDITURE  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense								
		Cai	ididate/Onicen	olue//Political Comm	iiide		Donation Nor		
	Complete ONLY if direct	Cand	lidate/Officeholde	er name C	Office sou	aht		_	Office held
	expenditure to benefit C/OI	Н							
	Date	Day	/ee name						
	02/03/2023	1 .	stin History Cer	iter Assoc					
	Amount (\$)	<u> </u>			7:- 0-				
	\$1,288.84	1	ee address; Box 2287	City; State;	: Zip Co	ue			
	\$±,200.6*	[	BUX 2207						
		Aus	stin, TX 78768						
	PURPOSE	(a) Cat	egory (See Catego	ries listed at the top of this scho	edule)	(b)	Description		
	OF EXPENDITURE			ations Made By			<del></del>		ide of Texas. Complete Schedule T.
		Car	ndidate/Officeni	older/Political Comm	ittee		Donation to N		, officeholder living expense
							Donation to 1	•0	T TOM
	Complete ONLY if direct	Cand	lidate/Officeholde	or name C	Office sou	abt	<del></del>		Office held
	expenditure to benefit C/O		isate/Omeenoide	mane	villec 30aç	il. sr			Office held
			<del></del>			—			
			•						

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reinbursement 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 (engris a category por listed above)

	Candidate/Officeholder/Politica Credit Card Payment	al 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
	Sch: 2/4 Rpt: 5/7	Evans, Roxanne
4	Date	5 Payee name
	04/03/2023	Austin NAACP
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 1717 12Th St  Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense  Donation Non Profit
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee-name
	05/23/2023	Colin Allred Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 601631
		Dallas, TX 75360
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check If travel outside of Texas. Complete Schedule T.  Check If Austin, TX, officeholder living expense Donation Candidate Campaign
		Solution Salistate Sampaign
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	05/23/2023	Colin Allred Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$250,00	PO Box 601631
		Dallas, TX 75360
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	LA LADITORE	Candidate/Officeholder/Political Committee
		Donation to Candidate Campaign
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  H
l		

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Ex

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	- G I Committee L	ood/Beverage Expense lift/Awards/Memorials Expr egal Services	ense Printii Safari		se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above	e)
	T-(-) C		The Instruction Guide	explains flow to	compi	ete inis form.	-T	E-1-10	
1	Total pages Schedule F1:						3	Filer ID	
	Sch: 3/4 Rpt: 6/7	Evans, Roxa	nne 				<u> </u>		
4	Date	5 Payee name							
	05/23/2023	Ground Gam	e Texas						
6	Amount (\$)	7 Payee address	s; City;	State; Zip	Code				
	\$100.00	PO Box 310							
		Austin, TX 78	3767						
8	PURPOSE	(a) Category (See	Categories listed at the to	o of this schedule)	(b)	Description			<del></del>
	OF EXPENDITURE		/Donations Made		1	Check if trave	el outsid	e of Texas. Complete Schedule T.	
	EXPENDITORE	Candidate/O	fficeholder/Politica	d Committee		_		officeholder living expense	
						Donation No	on Pr	ofit	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	eholder name	Office	sought			Office held	
	Date	Payee name			***************************************				
	03/02/2023	Open Door P	re School						
	Amount (\$)	Payee address	s; City;	State; Zip	Code				
	\$108.58	PO Box 3025	•						
		· Austin, TX 78	3703						
	PURPOSE	(a) Category (See	Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE		/Donations Made					e of Texas, Complete Schedule T.	
		Candidate/O	fficeholder/Politica	d Committee				officeholder living expense	
						Donation to	Non	Protit	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	eholder name	Office	sought			Office held	
	experiorate to benefit Gro								
	Date	Рауее пате							
	05/23/2023	Open Door P	re School						
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	\$515.00	PO Box 3025	527						
		Austin, TX 78	3703						
	BUDDOCE				Las	- 1 · ·		· · · · · · · · · · · · · · · · · · ·	
	PURPOSE OF		Categories listed at the to		(D)	Description  Check if trave	el Outeid	e of Texas, Complete Schedule T.	
	EXPENDITURE		:/Donations Made fficeholder/Politica			<u> </u>		officeholder living expense	
		Garialdate, G	moenomen omoe	ii oomminee		Donation to			
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	expenditure to benefit C/OI		SHOWER HAIRE	Onice :	Jougist			SHOE HOW	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees Food/Beverage Expense Gill/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			ages/	Contract Labor	OTHER (enter a cate)	gory not listed above)
	Oreon Outor aymen			The Instruction Gu	ide explains h	low to co	mple	te this form.		·····
1	Total pages Schedule F1:	2	FILER NAME						3 Filer ID	
	Sch: 4/4 Rpt: 7/7		Evans, Rox	anne						
4	Date	5	Payee name							
	04/25/2023		Original LC	Anderson Alumi	ni Assoc					
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de			
	\$500.00		15919 Dant	e Dr						
			Houston, TX	K 77053						
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sche	dule)	(b)	Description		
	OF EXPENDITURE			s/Donations Ma		,		<b>□</b>	outside of Texas, Complete	
			Candidate/0	Officeholder/Poli	lical Commi	ittee		Donation to N	TX, officeholder living expe Ion Profit	nise
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9	Complete ONLY if direct	_	Candidate/Offi	ceholder name		ffice sou	aht		Office held	
9	expenditure to benefit C/OI		Janualate/On	centiaer name	Ŭ	11100 300	9171		J.11.00 11.010	
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	05/24/2023		-	renthood of Gre	ater Texas					
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	\$103.25									
	Ψ100.20		Suite 206	77,1,0 7 100						
			Dallas, TX	75931						
	DUBBOOK	7.3					(3-1	Baradalar		
	PURPOSE OF	(a)		ee Categories listed at this		edule)	(0)	Description  Check if travel of	outside of Texas. Complete	Schedule T.
	EXPENDITURE			Officeholder/Poli		ittee		لببيا	TX, officeholder living exp	
		Donation to Non Profit								
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	expenditure to benefit C/O	٦								
	Date		Payee name							
	04/03/2023		Texas Obse	erver						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de			
	\$115.00	ŀ	PO Box 642	21						
			Austin, TX	78702						
Г	PURPOSE	(a		ee Categories listed at t		edule)	(b)	Description		
	OF EXPENDITURE			ns/Donations Ma		:aa			outside of Texas. Complete , TX, officeholder living exp	
		Candidate/Officeholder/Political Committee								
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	expenditure to benefit C/O				•		٠٠٠-			
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