

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)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Ms.	Roxanne	J
NICKNAME		LAST	SUFFIX
		Evans	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE		
Change of Address	7300 Meadowood Drive, Austin, TX 78723		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	674-5493	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Ms.	Cheryl	
NICKNAME		LAST	SUFFIX
		Bradley	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE		
(Residence or Business)	1198 Angelina, Austin, Texas 78702		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	576-2762	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" 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)		
10 PERIOD COVERED	Month	Day	Year
	6	3	22
	THROUGH		Month Day Year
			7 / 15 / 22
11 ELECTION	ELECTION DATE		
	Month	Day	Year
	11	8	22
		ELECTION TYPE	
		Primary	Runoff
		General	Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			AISD D1
14 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
Additional Pages			

GO TO PAGE 2

JUL 14 22 1:30PM

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

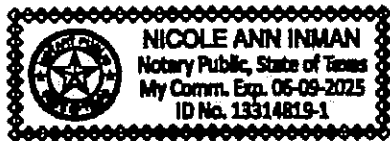
15 C/OH NAME Roxanne J. Evans		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3,142.26
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,142.26
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 127.55
	4. TOTAL POLITICAL EXPENDITURES	\$ 127.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,014.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

18 SIGNATURE 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.

Roxanne J. Evans
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Roxanne Evans this the 7 day of July.

20 22, to certify which, witness my hand and seal of office.

Nicole Ann Inman Nicole Inman Personal Banker II
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Roxanne J. Evans		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,142.26
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 191.88
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	■ SCHEDULE E: LOANS	\$ 1,000.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 127.55
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Roxanne J. Evans		3 Filer ID (Ethics Commission Filers)
4 Date 06/17/2022	5 Full name of contributor out-of-state PAC (ID# _____) Frank Fuller	7 Amount of contribution (\$) 200.00
6 Contributor address; City: State: Zip Code 1815 Madison Ave., Austin, TX 78757		
8 Principal occupation / Job title (See Instructions) Administrative Supervisor		9 Employer (See Instructions) AISD
Date 06/17/2022	Full name of contributor out-of-state PAC (ID# _____) Leslie Fields	Amount of contribution (\$) 200.00
Contributor address; City: State: Zip Code 408 C. St., NE Washington DC 20002		
Principal occupation / Job title (See Instructions) National Director		Employer (See Instructions) Sierra Club
Date 06/18/2022	Full name of contributor out-of-state PAC (ID# _____) Dusty Harshman	Amount of contribution (\$) 100.00
Contributor address; City: State: Zip Code 4116 Camacho, Austin, TX 78723		
Principal occupation / Job title (See Instructions) Financial Planner/Self-employed		Employer (See Instructions) Human Financial
Date 06/17/2022	Full name of contributor out-of-state PAC (ID# _____) Evan Butcher	Amount of contribution (\$) 100.00
Contributor address; City: State: Zip Code 6219 N. 46th, McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Tax preparer		Employer (See Instructions) Self-employed
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Roxanne J. Evans		3 Filer ID (Ethics Commission Filers)
4 Date 06/22/2022	5 Full name of contributor out-of-state PAC (ID# _____) Janis Daemmrch	7 Amount of contribution (\$) 95.00
6 Contributor address, City: State: Zip Code 1813 Brookhaven Austin, TX 78704		
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Bob Daemmrch Photography
Date 06/22/2022	Full name of contributor out-of-state PAC (ID# _____) Barbara Scott	Amount of contribution (\$) 25.00
Contributor address, City: State: Zip Code 6705 Hillcroft, Austin, TX 78724		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/18/2022	Full name of contributor out-of-state PAC (ID# _____) Marc Hoskins	Amount of contribution (\$) 50.00
Contributor address, City: State: Zip Code 10105 Faylin Drive, Austin, TX 78753		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-employed
Date 06/18/2022	Full name of contributor out-of-state PAC (ID# _____) Kathy Anthony	Amount of contribution (\$) 100.00
Contributor address, City: State: Zip Code 203 W. Sequoia Spur, Georgetown 78628		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Roxanne Evans		3 Filer ID (Ethics Commission Filers)
4 Date 06/16/2022	5 Full name of contributor out-of-state PAC (ID#: _____) David King	7 Amount of contribution (\$) 200.00
6 Contributor address; City: State: Zip Code 1808 Kerr St. Austin TX 78704		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/17/2022	Full name of contributor out-of-state PAC (ID#: _____) Lindsey Derington	Amount of contribution (\$) 50.00
Contributor address; City: State: Zip Code 5113 Provencial Austin TX 78724		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Preservation Austin
Date 06/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Alehie Valencia	Amount of contribution (\$) 100.00
Contributor address; City: State: Zip Code 3900 Threadgill Austin TX 78723		
Principal occupation / Job title (See Instructions) Demographer		Employer (See Instructions) City of Austin
Date 06/29/2022	Full name of contributor out-of-state PAC (ID#: _____) Claire Milam	Amount of contribution (\$) 11.00
Contributor address; City: State: Zip Code 109 Jacob Fontaine Austin TX 78752		
Principal occupation / Job title (See Instructions) Self-employed seller		Employer (See Instructions) Buffalo Backyard Store
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Roxanne Evans		3 Filer ID (Ethics Commission Filers)
4 Date 06/12/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Joshua Evans	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City: State: Zip Code 6260 McCommas, Dallas, TX 75214		
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Rockwell-Collins-Raytheon
Date 06/09/2022	Full name of contributor out-of-state PAC (ID#: _____) Gloria Neunaber	Amount of contribution (\$) 50.00
Contributor address; City: State: Zip Code 5806 Thames, Austin TX 78723		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/14/2022	Full name of contributor out-of-state PAC (ID#: _____) Susan Browne	Amount of contribution (\$) 75.00
Contributor address; City: State: Zip Code 7401 Bucknell, Austin, TX 78723		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/14/2022	Full name of contributor out-of-state PAC (ID#: _____) Silvia Evans	Amount of contribution (\$) 50.00
Contributor address; City: State: Zip Code 2361 Caddy Shack, Pensacola 32526		
Principal occupation / Job title (See Instructions) Account services		Employer (See Instructions) Navy Federal Credit Union
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1	6
2 FILER NAME Roxanne J. Evans		3 Filer ID (Ethics Commission Filers)	
4 Date 06/30/2022	5 Full name of contributor out-of-state PAC (ID# _____) Lana Fowler-Forbush	7 Amount of contribution (\$) 25.00	
6 Contributor address: City: State: Zip Code 1316 Hutton St. Des Moines, IA 50316			
8 Principal occupation / Job title (See Instructions) Customer service associate		9 Employer (See Instructions) LifeServe	
Date 06/17/2022	Full name of contributor out-of-state PAC (ID# _____) Karen Sonleitner	Amount of contribution (\$) 250.00	
Contributor address: City: State: Zip Code 1712 Pasadena Dr. Austin TX 78757			
Principal occupation / Job title (See Instructions) retired/Travis County		Employer (See Instructions)	
Date 06/24/2022	Full name of contributor out-of-state PAC (ID# _____) Mary Morin	Amount of contribution (\$) 25.00	
Contributor address: City: State: Zip Code 32242 Loomis, Farmington, MI 48336			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 06/24/2022	Full name of contributor out-of-state PAC (ID# _____) Mary Fero	Amount of contribution (\$) 70.94	
Contributor address: City: State: Zip Code 2713 Pegram, Austin, TX 78757			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Roxanne J. Evans		3 Filer ID (Ethics Commission Filers)
4 Date 06/22/2022	5 Full name of contributor out-of-state PAC (ID# _____) James Harrington	7 Amount of contribution (\$) 100.00
6 Contributor address; City: State: Zip Code 5304 Hallmark Dr. Austin TX 78723		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/23/2022	Full name of contributor out-of-state PAC (ID# _____) Ora Houston	Amount of contribution (\$) 200.00
Contributor address; City: State: Zip Code 2207 E. 22nd St. Austin, TX 78722		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Roxanne J. Evans		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 191.88	
5 Date 06/03/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David King 7 Contributor address; City; State; Zip Code 1808 Kerr Street Austin TX 78704	8 Amount of Contribution \$ 191.88	9 In-kind contribution description Website Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Roxanne J. Evans		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 06/03/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Roxanne J. Evans	9 Loan Amount (\$) 1,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 7300 Meadowood Drive, Austin, TX 78723	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions)
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Printing Expense	Travel in District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Roxanne J. Evans	3 Filer ID (Ethics Commission Filers)
4 Date 06/21/2022	5 Payee name Tres Amigos Restaurant	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 7535 E. Hwy 290, Austin, Texas 78723	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description Deposit for 7/25 event
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/15/2022	Payee name Harland Clarke Check Company	
Amount (\$) 27.55	Payee address; City; State; Zip Code P.O. Box 351220 New Braunsfels, TX 78135	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED