

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: 7 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MR. | FIRST JIMMY | MI L. | OFFICE USE ONLY Date Received RECVD VIA EMAIL 02/26/2024 FORT BEND COUNTY ELECTIONS Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged |
| | NICKNAME | LAST EVANS | SUFFIX III | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | |
| | 9711 South Mason Rd #491 | Richmond | TX 77407 | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (281) | PHONE NUMBER 451-7351 | EXTENSION | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Paul | MI A. | |
| | NICKNAME | LAST Rhodes | SUFFIX Sr. | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (713) | PHONE NUMBER 270-6629 | EXTENSION | |
| 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 type="checkbox"/> July 15 <input checked="" 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 01 | Day 26 | Year 2024 | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE | |
| | Month 03 | Day 05 | Year 2024 | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) FORT BEND COUNTY CONSTABLE PRECINCT 4 | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <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. 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 | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | | |
|--------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 15 C/OH NAME | | JIMMY LEE EVANS, III | 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) | \$ 0.00 |
| | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1570.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. | TOTAL POLITICAL EXPENDITURES | \$ 1539.91 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 5071.13 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

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.

/s/JLE,III

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is JIMMY LEE EVANS, III, and my date of birth is 01/25/66.

My address is 9711 South Mason Rd #491, Richmond, TX, 77407, USA.

(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of TX, on the 25th day of February, 20 24.

(month) (year)

/s/JLE,III

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|-----------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|
| 19 FILER NAME <p style="text-align: center;">JIMMY LEE EVANS, III</p> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 1570.00 |
| 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 MADE FROM POLITICAL CONTRIBUTIONS | | \$ 1539.91 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 12. <input type="checkbox"/> 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: 1 |
| 2 FILER NAME <p style="text-align: center;">JIMMY LEE EVANS, III</p> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <p style="text-align: center;">02/08/24</p> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Reginald Lewis</p> <hr/> 6 Contributor address; City; State; Zip Code <p style="text-align: center;">20407 Sabal Palms Pk Katy TX 77449</p> | 7 Amount of contribution (\$) <p style="text-align: center;">200.00</p> |
| 8 Principal occupation / Job title (See Instructions) <p style="text-align: center;">law enforcement</p> | | 9 Employer (See Instructions) <p style="text-align: center;">Harris Co</p> |
| Date <p style="text-align: center;">02/14/24</p> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Antonio Ford</p> <hr/> Contributor address; City; State; Zip Code <p style="text-align: center;">12311 Signal Hill Ct Pearland TX 77584</p> | Amount of contribution (\$) <p style="text-align: center;">670.00</p> |
| Principal occupation / Job title (See Instructions) <p style="text-align: center;">Education Administrator</p> | | Employer (See Instructions) <p style="text-align: center;">Moody Foundation</p> |
| Date <p style="text-align: center;">02/16/24</p> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Margaret Myers</p> <hr/> Contributor address; City; State; Zip Code <p style="text-align: center;">3709 Minthorn Dr Killeen TX 76542</p> | Amount of contribution (\$) <p style="text-align: center;">200.00</p> |
| Principal occupation / Job title (See Instructions) <p style="text-align: center;">unemployed</p> | | Employer (See Instructions) <p style="text-align: center;">N/A</p> |
| Date <p style="text-align: center;">02/23/24</p> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">BEYOND HOSPICE & PALLIATIVE CARE, LLC</p> <hr/> Contributor address; City; State; Zip Code <p style="text-align: center;">903 Cove Crest Tr Fresno TX 77545-7177</p> | Amount of contribution (\$) <p style="text-align: center;">500.00</p> |
| Principal occupation / Job title (See Instructions) <p style="text-align: center;">Medical Business</p> | | Employer (See Instructions) <p style="text-align: center;">N/A</p> |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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 | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME JIMMY LEE EVANS, III | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/05/24 | 5 Payee name RECURRING PAYMENT AUTHORIZED ON 02/02 DNH*GODADDY.COM 480-5058855 AZ S464033445216843 CARD 9298 | |
| 6 Amount (\$) 281.30 | 7 Payee address; City; State; Zip Code Online purchase | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description website/advertising |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 02/05/24 | Payee name Santaria McEwen, CHECK # 1005 | |
| Amount (\$) 265.00 | Payee address; City; State; Zip Code Online purchase / delivery | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description T-shirts/advertising |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 02/09/24 | Payee name PURCHASE AUTHORIZED ON 02/08 CAMPAIGN VERIFY WWW.CAMPAIGNV VA S304039806145719 CARD 9298 | |
| Amount (\$) 95.00 | Payee address; City; State; Zip Code Online purchase | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) text messaging/advertising | Description advertising expense |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME JIMMY LEE EVANS, III | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/09/24 | 5 Payee name TGM PRINTING | |
| 6 Amount (\$) 200.00 | 7 Payee address; 13910 Murphy Rd | City; State; Zip Code Stafford TX 77477 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) signage/advertising | (b) Description signage/advertising |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 02/12/24 | Payee name PURCHASE HUSTLE, INC +14158514878 CA CARD9298 | |
| Amount (\$) 100.00 | Payee address; Online purchase | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) text messaging/advertising | Description advertising expense |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 02/20/24 | Payee name FIRST WATCH RESTAURANT - PURCHASE AUTHORIZED ON 02/17 S464048597731512 CARD 9298 | |
| Amount (\$) 142.81 | Payee address; 17412 W Grand Pkwy S | City; State; Zip Code Sugar Land TX 77478 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) campaign worker | Description fees |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME JIMMY LEE EVANS, III | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/22/24 | 5 Payee name ATM WITHDRAWAL AUTHORIZED ON 02/22 0007685 ATM ID 40780 CARD 9298 | |
| 6 Amount (\$) 200.00 | 7 Payee address; 8750 Highway 6 S | City; State; Zip Code Houston TX 77083 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) poll worker fees | (b) Description fees |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 02/23/24 | Payee name ATM WITHDRAWAL AUTHORIZED ON 02/23 0002202 ATM ID 4078N CARD 9298 | |
| Amount (\$) 240.00 | Payee address; 8750 Highway 6 S | City; State; Zip Code Houston TX 77083 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) poll worker fees | Description fees |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 01/26/24 – 02/24/24 | Payee name ACTBLUE | |
| Amount (\$) 15.80 | Payee address; 366 Summer St | City; State; Zip Code Somerville MA 02144-3132 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description Fees |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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