


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: Mr FIRST: Scott MI: Leslie NICKNAME: EVANS LAST: EVANS SUFFIX:	OFFICE USE ONLY Date Received: March 3, 2020  Date Hand-delivered or Date Postmarked: March 3, 2020 Receipt # _____ Amount \$ _____ Date Processed: March 3, 2020 Date Imaged: March 3, 2020	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: 805 Perry Dr White Settlement CITY: TX STATE: TX ZIP CODE: 76108		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (817) PHONE NUMBER: 715-9591 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr FIRST: Scott MI: Leslie NICKNAME: EVANS LAST: EVANS SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 805 Perry Dr White Settlement CITY: TX STATE: TX ZIP CODE: 76108		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (817) PHONE NUMBER: 715-9591 EXTENSION:		
9 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year: 8 / 8 / 2019 THROUGH Month Day Year: 9 / 26 / 2019		
11 ELECTION	ELECTION DATE Month Day Year: 11 / 5 / 19	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council place 3		

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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

SCOTT EVANS

SPECIFIC

COMMITTEE ADDRESS

805 Perry Dr white Settlement TX 76108

COMMITTEE CAMPAIGN TREASURER NAME

SCOTT EVANS ~~808~~

COMMITTEE CAMPAIGN TREASURER ADDRESS

805 Perry Dr white Settlement TX 76108

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 6

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

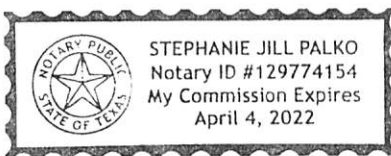
\$ 0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

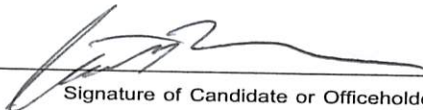
\$ 0

18 AFFIDAVIT



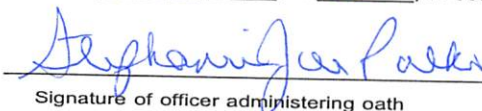
STEPHANIE JILL PALKO
Notary ID #129774154
My Commission Expires
April 4, 2022

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.


Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Scott Evans, this the 3rd day of March, 2020, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Stephanie Jill Palko
Printed name of officer administering oath

Title of officer administering oath

STATE OF TEXAS
COUNTY OF [illegible]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

