

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) N/A	2 Total pages filed: 16		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST EVELYN	MI L.	OFFICE USE ONLY Date Received APR 01 2021 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME	LAST BROOKS	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8700 Stonebrook Pkwy. #76 Frisco, TX 75034-9998				
<input type="checkbox"/> Change of Address					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (972)	PHONE NUMBER 322-9780	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST CHARLES	MI E.	Receipt #	
	NICKNAME	LAST BEAUMAN	SUFFIX	Amount \$	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4140 Legendary Drive # 156 Frisco, TX 75034			Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE (972)	PHONE NUMBER 837-3999	EXTENSION	Date Imaged	
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 01 / 01 / 2021			THROUGH Month Day Year 03 / 22 / 2021	
11 ELECTION	ELECTION DATE Month Day Year 05 / 01 / 2021		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Frisco ISD Board of Trustees		
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.				
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE			COMMITTEE NAME
		COMMITTEE ADDRESS			COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

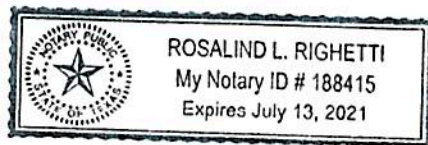
15 C/OH NAME <i>EVELYN BROOKS</i>		16 Filer ID (Ethics Commission Filers) <i>N/A</i>
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>30.</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>6,996.</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>1,621.83</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>10,004.34</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>912.</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>3,529.34</i>

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.

Evelyn Brooks
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Evelyn Brooks* this the *1st* day of *April*, 20*21*, to certify which, witness my hand and seal of office.

Rosalind L. Righetti Signature of officer administering oath
Rosalind L. Righetti Printed name of officer administering oath
Notary 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 EVELYN BROOKS		20 Filer ID (Ethics Commission Filers) N/A
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,575
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 391.
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 3,529.34
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 8,382.51
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: 7
2 FILER NAME EVELYN BROOKS		3 Filer ID (Ethics Commission Filers) N/A
4 Date 2-22-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natisha Narcisse	7 Amount of contribution (\$) \$ 250.
6 Contributor address; City; State; Zip Code 3909 Redbud Drive Aubrey, TX 76227		
8 Principal occupation / Job title (See Instructions) Collections		9 Employer (See Instructions) Self
Date 2-26-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanessa Maciver	Amount of contribution (\$) \$ 100.
Contributor address; City; State; Zip Code 1621 Chase Oaks Ct., Frisco, TX 75036		
Principal occupation / Job title (See Instructions) Home Engineer		Employer (See Instructions) Self
Date 2-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrin Song	Amount of contribution (\$) \$ 200.
Contributor address; City; State; Zip Code 424 Crystal Glen Dr., Keller, TX 76248		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self
Date 2-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk Canady	Amount of contribution (\$) \$ 100.
Contributor address; City; State; Zip Code 275 Haydens Walk Ct; Alpharetta, GA 30022		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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:

7

2 FILER NAME

EVELYN BROOKS

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

2-5-21

5 Full name of contributor

out-of-state PAC (ID#: _____)

Katie Singleton

7 Amount of contribution (\$)

\$ 3,000.

6 Contributor address;

City;

State;

Zip Code

10176 Claiborne Lane, Frisco, TX
75033

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Self

Date

2-10-21

Full name of contributor

out-of-state PAC (ID#: _____)

Natasha Clayton

Amount of contribution (\$)

\$ 25

Contributor address;

City;

State;

Zip Code

4245 Indian Run Dr., Carrollton,
TX 75010

Principal occupation / Job title (See Instructions)

Hair stylist

Employer (See Instructions)

Self

Date

2-22-21

Full name of contributor

out-of-state PAC (ID#: _____)

Soyini Dube

Amount of contribution (\$)

\$ 50.

Contributor address;

City;

State;

Zip Code

1207 Plum Valley Dr, Frisco, TX
75033

Principal occupation / Job title (See Instructions)

Home maker

Employer (See Instructions)

Self

Date

2-23-21

Full name of contributor

out-of-state PAC (ID#: _____)

Lanita Dawson-Jones

Amount of contribution (\$)

\$ 50.

Contributor address;

City;

State;

Zip Code

1201 Queen Peggy Lane, Lewisville,
TX 75056

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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:

7

2 FILER NAME

EVELYN BROOKS

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

3-17-21

5 Full name of contributor

out-of-state PAC (ID#: _____)

Shannon Greene

7 Amount of contribution (\$)

\$ 200.

6 Contributor address;

19622 East 42nd Avenue
Denver, CO 80249

8 Principal occupation / Job title (See Instructions)

Director

9 Employer (See Instructions)

Funeral

Date

3-3-21

Full name of contributor

out-of-state PAC (ID#: _____)

Lennea Hartoonian

Amount of contribution (\$)

\$ 300.

Contributor address;

11043 Ruidosa Ln, Frisco, TX 75033

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

Hart Nissan

Date

2-26-21

Full name of contributor

out-of-state PAC (ID#: _____)

Vesta Lot

Amount of contribution (\$)

\$ 100.

Contributor address;

8314 Pioneer Dr, Frisco, TX 75033

Principal occupation / Job title (See Instructions)

Analyzer

Employer (See Instructions)

self

Date

3-4-21

Full name of contributor

out-of-state PAC (ID#: _____)

Jeanne Weisz

Amount of contribution (\$)

\$ 100.

Contributor address;

11170 Corsicana Dr, Frisco, TX 75035

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 7
2 FILER NAME EVELYN BROOKS		3 Filer ID (Ethics Commission Filers) N/A
4 Date 2/10/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Virgin	7 Amount of contribution (\$) \$ 100.
6 Contributor address; City; State; Zip Code 5011 Coney Island Dr. Frisco, TX 75036		
8 Principal occupation / Job title (See Instructions) Sales Rep		9 Employer (See Instructions) Fab Stone
Date 1/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sallie Beauman	Amount of contribution (\$) \$ 100.
Contributor address; City; State; Zip Code 2540 Pettus Dr. Forney, TX 75126		
Principal occupation / Job title (See Instructions) Clinical Esthetician		Employer (See Instructions) Self
Date 2/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melinda Preston	Amount of contribution (\$) \$ 100.
Contributor address; City; State; Zip Code 13370 Bayfield Dr. Frisco, TX 75033		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self
Date 2/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherri Landry	Amount of contribution (\$) \$ 100.-
Contributor address; City; State; Zip Code 11125 Berkeley Hall Lane Frisco, TX 75033		
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Ce centertainment

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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:

7

2 FILER NAME

EVERLYN BROOKS

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

3-21-21

5 Full name of contributor

out-of-state PAC (ID#: _____)

Bradena Fowler

7 Amount of contribution (\$)

\$ 100.

6 Contributor address;

City;

State;

Zip Code

5209 Moss creek Ln, Frisco, TX
75035

8 Principal occupation / Job title (See Instructions)

Procurement

9 Employer (See Instructions)

IBM

Date

3-18-21

Full name of contributor

out-of-state PAC (ID#: _____)

Anita Kisse

Amount of contribution (\$)

\$ 200.

Contributor address;

City;

State;

Zip Code

111 PERKINS Rd., Krugerville, TX 76227

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

self

Date

3-17-21

Full name of contributor

out-of-state PAC (ID#: _____)

Kendra Phillips - Jackson

Amount of contribution (\$)

\$ 300.00

Contributor address;

City;

State;

Zip Code

9022 Kidge View Dr., P.O. BOX 1182
Owings, MD 20736

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

3-20-21

Full name of contributor

out-of-state PAC (ID#: _____)

Felicia Brooks

Amount of contribution (\$)

\$ 100.

Contributor address;

City;

State;

Zip Code

14233 Lauramore Ct., Fontana, CA
92336

Principal occupation / Job title (See Instructions)

Administrator

Employer (See Instructions)

LA County

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 7
2 FILER NAME EVELYN BROOKS		3 Filer ID (Ethics Commission Filers) N/A
4 Date 2-11-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnathon Beauman	7 Amount of contribution (\$) \$ 100.
6 Contributor address; City; State; Zip Code 7312 E. Ben White Blvd, Austin, TX 78741		
8 Principal occupation / Job title (See Instructions) Officer		9 Employer (See Instructions) DFPS
Date 2-01-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronnie Lee	Amount of contribution (\$) \$ 250.
Contributor address; City; State; Zip Code 13851 Belle Chase Blvd. Laurel, Md. 20707		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 2-4-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradena Fowler	Amount of contribution (\$) \$ 100.
Contributor address; City; State; Zip Code 5209 Moss creek Ln., Frisco, TX 75036		
Principal occupation / Job title (See Instructions) Procurement		Employer (See Instructions) IBM
Date 2-8-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Virgin	Amount of contribution (\$) \$ 500.
Contributor address; City; State; Zip Code 5011 Coney Island Drive Frisco, TX 75036		
Principal occupation / Job title (See Instructions) Sales Rep		Employer (See Instructions) tabstone

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 7
2 FILER NAME EVELYN BROOKS		3 Filer ID (Ethics Commission Filers) N/A
4 Date 2-24-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ola Taiwo	7 Amount of contribution (\$) \$ 50.
6 Contributor address; City; State; Zip Code 1425 Condor Dr, Little Elm, TX 75068		
8 Principal occupation / Job title (See Instructions) IT		9 Employer (See Instructions) Tenet
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <i>EVERLYN BROOKS</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>391.</i>	
5 Date <i>3-15-21</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill Blasingame</i>	8 Amount of Contribution \$ <i>391.</i>	9 In-kind contribution description
7 Contributor address; City; State; Zip Code <i>P.O. Box 251528, Plano, TX 75025</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Retired</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Retired</i>	
12 Contributor's principal occupation (FOR JUDICIAL) <i>N/A</i>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <i>N/A</i>	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>N/A</i>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>N/A</i>			
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
		<input type="checkbox"/> 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</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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: 4	2 FILER NAME EVERLYN BROOKS	3 Filer ID (Ethics Commission Filers) N/A
---------------------------------	--------------------------------	--

4 Date 2-16-21	5 Payee name Olympia Promotions
-------------------	------------------------------------

6 Amount (\$) 2,000	7 Payee address; 226 East Jericho Turnpike, Mineola, NY 11501
------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description signs
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 2-18-21	Payee name Olympia Promotions
-----------------	----------------------------------

Amount (\$) \$635.	Payee address; 226 E. Jericho Turnpike, Mineola, NY 11501
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3-1-21	Payee name Olympia Promotions
----------------	----------------------------------

Amount (\$) \$194.	Payee address; 226 E. Jericho Turnpike, Mineola, NY 11501
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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 EVELYN BROOKS		3 Filer ID (Ethics Commission Filers) N/A
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 01-01-21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) EVELYN BROOKS	9 Loan Amount (\$) \$ 3,529.34
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code 1420 Gleneagle Lane, Frisco, TX 75036	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Educator		13 Employer (See Instructions) Self
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> 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? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> 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 | 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: 4	2 FILER NAME EVERLYN BROOKS	3 Filer ID (Ethics Commission Filers) N/A
4 Date 1-18-21	5 Payee name Michael Richardson	
6 Amount (\$) 250.	7 Payee address; 9502 Landmark Pl., Frisco, TX 75035 City: Frisco, TX State: TX Zip Code: 75035	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Pictures/photos
	(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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

Date 2-19-21	Payee name Office Depot
-----------------	----------------------------

Amount (\$) \$ 378.86	Payee address; 2930 Preston Rd. ste. 700 121, Frisco, TX 75034 City: Frisco, TX State: TX Zip Code: 75034
--------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Laptop
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

Date 3-1-21	Payee name Tractor Supply
----------------	------------------------------

Amount (\$) \$ 453.35	Payee address; 600 S. Oklahoma Dr., Celina, TX 75009 City: Celina, TX State: TX Zip Code: 75009
--------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-Posts for signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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: 4	2 FILER NAME EVELYN BROOKS	3 Filer ID (Ethics Commission Filers) N/A
---------------------------------	-------------------------------	--

4 Date 2-4-21	5 Payee name All season
------------------	----------------------------

6 Amount (\$) \$1,759.	7 Payee address; 7723 Maplewood Ave., N. Richland Hills, TX 76180
---------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 2-8-21	Payee name Olympia Promotions
----------------	----------------------------------

Amount (\$) \$1,800.	Payee address; 226 E. Jericho Turnpike, Mineola, NY 11501
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 1-27-21	Payee name Jasmine Bortters
-----------------	--------------------------------

Amount (\$) 475.	Payee address; 2421 Bellbrook Lane, Garland, TX 75040
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Video
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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 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: 4 2 FILER NAME EVELYN BROOKS 3 Filer ID (Ethics Commission Filers) N/A

4 Date 3-22-21 5 Payee name Anedot

6 Amount (\$) \$ 137.30 7 Payee address; 5555 Hilton Ave, Baton Rouge, LA 70808
 City: State: Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>	(b) Description <u>Credit Card donations fee</u>
---	---

(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 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

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