

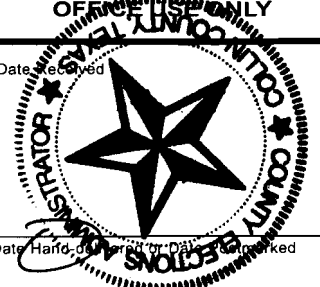
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

ORIGINAL

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission file #)	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms NICKNAME	FIRST TERRYE LAST	MI h. SUFFIX
		EVANS	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
904 THROCKMORTON ST MCKINNEY TX 75069			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(469) 247-9444			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		LUIS GARCIA	
		NICKNAME	LAST SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
44 Meadowcreek DR Melissa, TX 75454-0116			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(214) 563-3809			
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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
1 / 14 / 2010 THROUGH 2 / 20 / 2010			
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
		3 / 2 / 2010	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
N/A		COLLIN COUNTY DISTRICT CLERK	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name: N/A Address / PO Box; Apt. / Suite #; City; State; Zip Code		

OFFICE USE ONLY



Date Received: _____
Date Hand-delivered or Date Mailed: _____
Receipt # _____ Amount _____
Date Processed: **2-22-10**
Date Imaged: **2-22-10**

DP

GO TO PAGE 2

COLLIN COUNTY
 ELECTIONS ADMINISTRATION
 10 FEB 22 PM 5:07

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME

TERRY L. EVANS

16 ACCOUNT # (Ethics Commission Filers)

17 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

GENERAL

SPECIFIC

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

10 FEB 22 PM 5:07
 TARRANT COUNTY
 ELECTIONS ADMINISTRATION

additional pages

18 CONTRIBUTION TOTALS

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

\$ 25.00

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

\$ 1050.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1156.41

CONTRIBUTION BALANCE

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

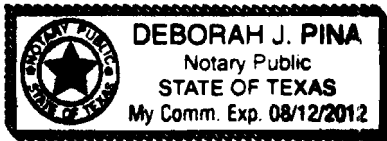
\$ 516.25

OUTSTANDING LOAN TOTALS

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

\$ N/A

19 AFFIDAVIT



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.

Terry L. Evans

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Terry Evans, this the 22nd day of February, 20 10, to certify which, witness my hand and seal of office.

Deborah J. Pina

Signature of officer administering oath

Deborah Pina

Printed name of officer administering oath

Notary Public

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

ORIGINAL

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME TERRY L EVANS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/8/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy Christie	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 103 Popp Lane McKinney, TX 75070		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Self employed		10 Employer (See Instructions)	
Date 2/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derk Wadas	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1333 Mc Dermott Dr. Allen, TX 75002		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney @ Law		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

COLLEGE UNIVERSITY
 ELECTIONS ADMINISTRATION
 10 FEB 22 PM 5:04

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

POLITICAL EXPENDITURES

SCHEDULE F

ORIGINAL

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F
1 of 2

2 FILER NAME Terrye L. Evans 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>1/27/2010</u>	5 Payee name <u>C-G Graphics</u> 6 Payee address; City; State; Zip Code <u>2725 Fm 36N, Farmersville, TX</u>	7 Amount (\$) <u>500.00</u>
----------------------------	---	--------------------------------

8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date <u>1/27/2010</u>	Payee name <u>C-G Graphics</u> Payee address; City; State; Zip Code <u>2725 Fm 36N, Farmersville, TX</u>	Amount (\$) <u>500.00</u>
--------------------------	---	------------------------------

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date <u>2/16/2010</u>	Payee name <u>Brookshires</u> Payee address; City; State; Zip Code <u>Central Expressway McKinney, TX 75069</u>	Amount (\$) <u>43.74</u>
--------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) <u>Food for Campaign Meeting</u> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date <u>2/17/2010</u>	Payee name <u>Nicolas</u> Payee address; City; State; Zip Code <u>5800 Legacy Plano, TX 75024</u>	Amount (\$) <u>25.74</u>
--------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) <u>Dinner / Campaign Mtg</u> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

ELECTIONS ADMINISTRATION
10 FEB 22 PM 5:04

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ORIGINAL

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. **1** Total pages Schedule F:
2 of 2

2 FILER NAME Terrye L. Evans **3** ACCOUNT # (Ethics Commission filers)

4 Date <u>2/20/2010</u>	5 Payee name <u>Walmart</u>	7 Amount (\$) <u>\$86.93</u>
6 Payee address; City; State; Zip Code <u>Redbud, McKinney TX 75069</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Supplies for Super Sunday Campaign Event</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete 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 payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete 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 payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete 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 payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

10 FEB 22 PM 5:04
 ELECTIONS ADMINISTRATION
 POLITICAL EXPENDITURE

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G
ORIGINAL

The Instruction Guide explains how to complete this form.	1 Total pages Schedule G: <u>1</u>
---	------------------------------------

2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
--------------	--

4 Date	5 Payee name <u>BANK OF AMERICA</u>	8 Amount (\$) <u>700.00</u>
	6 Payee address; City; State; Zip Code <u>2012 W. University MCKINNEY TX 75071</u>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <u>DEPOSIT FROM MY FUNDS TO COVER EXPENSES</u> (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

ELECTIONS ADMINISTRATION
POLK COUNTY
FEB 22 PM 5:54

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED