

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**3922**

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)  NA	2 Total pages filed:  9
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Herbert E. NICKNAME LAST SUFFIX Herb Evans	OFFICE USE ONLY Date Received: <b>FEB 19 3 58 PM '98</b> TRAVIS COUNTY CLERK TRAVIS COUNTY, TEXAS <b>FILED</b>	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1302 West Avenue, Austin, Texas 78701		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Joseph A. NICKNAME LAST SUFFIX Joe Turner	Receipt # HD / PM Amount Date Processed Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 1504 West Avenue, Austin, Texas 78701		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 512 ) 474-4892		
8 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 (officerholder 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)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 1 / 1 / 98             1 / 29 / 98		
10 ELECTION	ELECTION DATE Month Day Year 3 / 10 / 98	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Justice of the Peace, Precinct 5 Austin, Travis County	
13 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 Address / PO Box: Apt / Suite #: City: State: Zip Code		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

<b>14 C/OH NAME</b> Herbert E. Evans	<b>15 ACCOUNT # (Ethics Commission files)</b>
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<b>16 SUPPORTING POLITICAL COMMITTEE(S)</b>   <input type="checkbox"/> additional pages	** This listing includes political expenditures 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS		

<b>17 NO REPORTABLE ACTIVITY</b>	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1675
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 14
	4. TOTAL POLITICAL EXPENDITURES	\$ 5313
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,000

**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.

Herbert E. Evans

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Herbert E. Evans, this the 19th day of February, 19 98, to certify which, witness my hand and seal of office.

Michelle Bernard Signature of officer administering oath    
 Michelle Bernard Print name of officer administering oath    
 Notary Public Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

A-1

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <b>3</b>	
2 FILER NAME <b>Herbert E. Evans</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1/8/98</b>	5 Full name of contributor <b>Bruce Fox</b> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <b>100</b>	8 In-kind contribution description(if applicable)
6 Contributor address: City: State: Zip Code <b>404 West 13th St., Austin, Texas 78701</b>			
9 Principal occupation <b>lawyer</b>		10 Employer (optional)	
Date <b>1/26/98</b>	Full name of contributor <b>Donald Blackman</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>500</b>	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code <b>8011 Asmara Dr., Austin, Texas 78750</b>			
Principal occupation <b>lawyer</b>		Employer (optional)	
Date <b>1/26/98</b>	Full name of contributor <b>Mark Summers</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>50</b>	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code <b>2305 Cliff's Edge Dr., Austin, Texas 78733</b>			
Principal occupation <b>lawyer</b>		Employer (optional)	
Date <b>1/23/98</b>	Full name of contributor <b>Linward &amp; Beverly Shivers</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>100</b>	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code <b>2207 Windsor East, Austin, Texas 78703</b>			
Principal occupation <b>lawyer</b>		Employer (optional)	
Date <b>1/15/98</b>	Full name of contributor <b>Thomas Blackwell</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>200</b>	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code <b>6916 Bee Caves Rd., Austin, Texas 78746</b>			
Principal occupation <b>retired judge</b>		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

950

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

A-2

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/21/98

5 Full name of contributor

James Anderson

 out of state PAC

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

807 West 16th, Austin, Texas 78701

9 Principal occupation

businessman

10 Employer (optional)

Date

1/23/98

Full name of contributor

Harvey Wilson

 out of state PAC

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

1106 West Ave., Austin, Texas 78701

Principal occupation

lawyer

Employer (optional)

Date

12/30/97  
(received  
1/98)

Full name of contributor

Deena Mersky

 out of state PAC

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

1419 Gaston Ave., Austin, Texas 78703

Principal occupation

educator

Employer (optional)

Date

1/21/98

Full name of contributor

Bradley Urrutia

 out of state PAC

Amount of contribution (\$)

75

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

611 S. Congress Ave., Ste. 340  
Austin, Texas 78704

Principal occupation

lawyer

Employer (optional)

Date

1/21/98

Full name of contributor

Lang Smith

 out of state PAC

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

220 W. 7th St., Ste. 101, Austin, Texas 78701

Principal occupation

lawyer

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

275

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A A-3

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/26/98

5 Full name of contributor

John Parker

out of state PAC

7 Amount of contribution (\$)

50

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

2407 Riverhills Dr., Austin, Texas 78733

9 Principal occupation

lawyer

10 Employer (optional)

Date

12/31/97  
(received  
1/98)

Full name of contributor

Wally Tingley, Jr., P.C.

out of state PAC

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

8235 Shoal Creek Blvd., Austin, Texas 78757

Principal occupation

lawyer

Employer (optional)

Date

1/29/98

Full name of contributor

Louise Trull

out of state PAC

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

1210 West Ave., Austin, Texas 78701

Principal occupation

retired

Employer (optional)

Date

1/28/98

Full name of contributor

Alex Marano

out of state PAC

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

213 Congress, #112, Austin, Texas 78701

Principal occupation

lawyer

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation

Employer (optional)

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

450

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule B:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇐   ⇐   ⇐   ⇐   ⇐   ⇐      \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address:      City; State; Zip Code			

10 Principal occupation 11 Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address:      City; State; Zip Code			

Principal occupation Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address:      City; State; Zip Code			

Principal occupation Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address:      City; State; Zip Code			

Principal occupation Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address:      City; State; Zip Code			

Principal occupation Employer (optional)

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

## LOANS

## SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

= = = = =

\$

5 Date of loan

12/31/97

7 Name of lender

Herbert E. Evans

 out of state PAC

9 Loan Amount (\$)

15,000 pledge

6 Is lender a financial institution?

Y

 N

8 Lender address: City: State: Zip Code

1302 West Avenue, Austin, Texas 78701

10 Interest rate

0

11 Maturity date

on demand

12 Description of Collateral

 none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

 not applicable

15 Guarantor address: City: State: Zip Code

17 Principal Occupation

lawyer

18 Employer

Date of loan

Name of lender

 out of state PAC

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address: City: State: Zip Code

Interest rate

Maturity date

Description of Collateral

 none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

 not applicable

Guarantor address: City: State: Zip Code

Principal Occupation

Employer

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

## POLITICAL EXPENDITURES

## SCHEDULE F

F-1

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME Herbert E. Evans		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/2/98	5 Payee name Message Audience and Presentation ..... 6 Payee address: City: State: Zip Code 4408 Burnet Road, Austin, Texas 78756	7 Amount (\$)  1,062
8 Purpose of expenditure consulting		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/13/98	Payee name Message Audience and Presentation..... Payee address: City: State: Zip Code 4408 Burnet Road, Austin, Texas 78756	Amount (\$)  700
Purpose of expenditure Postage		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/17/98	Payee name Worley Printing..... Payee address: City: State: Zip Code 3217 N. IH-35, Austin, Texas 78722	Amount (\$)  117
Purpose of expenditure Printing		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/16/98	Payee name JRG Communications..... Payee address: City: State: Zip Code 2512 S. IH-35, Austin, Texas 78704	Amount (\$)  375
Purpose of expenditure Design work		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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2,254



## POLITICAL EXPENDITURES.

## SCHEDULE F-

F-2

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/17/98

5 Payee name

US Post Office

7

Amount  
(S)

6 Payee address: City: State: Zip Code

510 Guadalupe, Austin, Texas 78701

600

8 Purpose of expenditure

Postage

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officer/holder name

Office sought / held

Date

1/19/98

Payee name

Texas Triangle

Amount  
(S)

Payee address: City: State: Zip Code

909 E. 49 1/2 St., Austin, Texas 78751

234

Purpose of expenditure

Advertising

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officer/holder name

Office sought / held

Date

1/23/98

Payee name

US Post Office

Amount  
(S)

Payee address: City: State: Zip Code

510 Guadalupe, Austin, Texas 78701

40

Purpose of expenditure

Postage

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officer/holder name

Office sought / held

Date

1/23/98

Payee name

Ace Printing

Amount  
(S)

Payee address: City: State: Zip Code

PO Box 13522, Austin, Texas 78711

2,187

Purpose of expenditure

Printing

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officer/holder name

Office sought / held

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3,061

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/24/98

5 Payee name

Kinko's - the copy center

6 Payee address: City: State: Zip Code

121 E. 6th St., #121-A, Austin, Texas 78701

8

Amount  
(S)

5

7 Purpose of expenditure

have copies made

Reimbursement  
from political  
contributions  
intended

Date

1/28/98

Payee name

Katz's Deli

Payee address: City: State: Zip Code

618 West 6th St., Austin, Texas 78701

Amount  
(S)

47

Purpose of expenditure

lunch with campaign advisors

Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure

Amount  
(S)

Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure

Amount  
(S)

Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure

Amount  
(S)

Reimbursement  
from political  
contributions  
intended

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