

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4229

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) N/A	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Herbert	E.
		Herb	Evans
OFFICE USE ONLY			
Date Received			
RECEIVED			
Date Processed			
Date Imaged			
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
	NICKNAME	LAST	SUFFIX
		Joseph	A.
		Joe	Turner
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 checked="" 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 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
7 / 01 / 98		THROUGH	Month Day Year
			12 / 31 / 98
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
3 / 10 / 98		<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, Texas	
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

14 C/OH NAME

Herbert E. Evans

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

** 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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

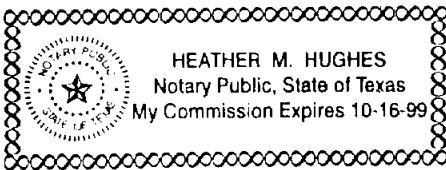
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
4. TOTAL POLITICAL EXPENDITURES	\$ 67.92
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,570.00

EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

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 14th day of January, 19 99, to certify which, witness my hand and seal of office.

Heather M. Hughes
Signature of officer administering oath

Heather M. Hughes
Print name of officer administering oath

Notary Public
Title of officer administering oath

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E: 1
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2 FILER NAME Herbert E. Evans	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	\$
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5 Date of loan 3/04/98	7 Name of lender <input type="checkbox"/> out of state PAC Betty Blackwell	9 Loan Amount (\$) \$670.00
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6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 812 San Antonio St., Ste. 415 Austin, Texas 78701	10 Interest rate 11 Maturity date
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12 Description of Collateral <input checked="" type="checkbox"/> none

13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
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17 Principal Occupation Attorney	18 Employer
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Date of loan 3/14/98	Name of lender <input type="checkbox"/> out of state PAC Herbert E. Evans	Loan Amount (\$) \$9,000.00
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Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code 1302 West Avenue, Austin, Texas 78701	Interest rate Maturity date
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Description of Collateral <input checked="" type="checkbox"/> none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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Principal Occupation Attorney	Employer
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME Herbert E. Evans		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/98 - 12/98	5 Payee name Chase Bank of Texas, N.A. 6 Payee address; City; State; Zip Code 7th & Lavaca, Austin, Texas 78701	7 Amount (\$) \$67.92
8 Purpose of expenditure Bank charges		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

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