

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4516

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
Election Cycle

2 Total Pages: 6

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: FIRST: LAST: SUFFIX:  
Herbert E.  
NICKNAME: LAST: SUFFIX:  
Herb Evans

OFFICE USE ONLY

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS (STREET, APT., SUITE #, BOX, PO BOX, R.F.D., CARE OF, CARE OF, CARE OF)  
1302 West Avenue Austin, Texas 78701

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: FIRST: LAST: SUFFIX:  
Joseph A.  
NICKNAME: LAST: SUFFIX:  
Joe Turner

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (INTERSECTION PLEASE) APT., SUITE #, BOX, PO BOX, R.F.D., CARE OF, CARE OF, CARE OF  
1504 West Avenue Austin, Texas 78701

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 512 ) 474-4892

8 REPORT TYPE

January 15 99th day before election  Election Day  15th day after campaign period expiration (for all elections)  
 July 15 99th day before election  Election Day  15th day after campaign period expiration

9 PERIOD COVERED

Month Day Year Month Day Year  
7 / 01 / 99 THROUGH 12 / 31 / 99

10 ELECTION

ELECTION DATE: Month Day Year ELECTION TYPE:  Primary  General  Special

11 OFFICE

OFFICE (If applicable) 12 OFFICE (If applicable)  
Justice of the Peace, Precinct 5  
Austin, Travis County, Texas

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by other individuals and are separate from other contributions. Candidates are required to disclose this information only if they are candidates for the election and are candidates for office.

Name: \_\_\_\_\_  
Address (PO Box, Apt., Suite #, City, State, Zip): \_\_\_\_\_

additional pages

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 #

16 SUPPORTING  
POLITICAL  
COMMITTEE(S)

This listing includes political expenditures by political committees to support the candidate, officeholder, or candidate's spouse. These expenditures may have been made without the candidate's or officeholder's knowledge or approval. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE NAME

COMMITTEE TYPE

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TRACKING NUMBER

COMMITTEE CAMPAIGN TRACKING NUMBER

17 NO REPORTABLE  
ACTIVITY

Check here if no reportable activity occurred during the report period. If not checked, you must complete this report.

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$5,000 OR GREATER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS

\$

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

\$ 2500.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$5,000 OR GREATER

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 871.82

OUTSTANDING  
LOAN TOTALS

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

\$ 20,433.00

19 AFFIDAVIT

I swear, or affirm under penalty of perjury, that the accompanying report is true and correctly communicates all information required to be reported by me under the Public Election Code.



*Herbert E. Evans*

Candidate or Officeholder

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me by the said **Herbert E. Evans**

this the 17<sup>th</sup> day

of January, 2000, to certify which, witness my hand and seal of office.

*Heather M. Hughes*

Signature of officer administering oath

**Heather Hughes**

Printed name of officer administering oath

Notary Public

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS CIOH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

- 1. Total number of forms due: **2**
- 2. FILER NAME
- 3. ACCOUNT # (if applicable)

**2 FILER NAME**  
Herbert E. Evans

<b>4</b> Date 12/08/99	<b>5</b> Full name of contributor Joseph A. Turner	<b>7</b> Amount of contribution (\$) <b>\$250.00</b>	<b>8</b> Kind of contribution description (if applicable)
<b>6</b> Contributor address City State Zip Code 1504 West Avenue, Austin, Texas 78701			

<b>9</b> Principal occupation (Optional) Attorney		<b>10</b> Employer (Optional)	
Date 12/08/99	Full name of contributor Robert T. Harris, Jr.	Amount of contribution (\$) <b>\$50.00</b>	Kind of contribution description (if applicable)
Contributor address City State Zip Code 2402 Bluffview Dr., Austin, Texas 78704			

<b>9</b> Principal occupation (Optional) Attorney		<b>10</b> Employer (Optional)	
Date 12/10/99	Full name of contributor Louise H. Trull	Amount of contribution (\$) <b>\$500.00</b>	Kind of contribution description (if applicable)
Contributor address City State Zip Code 1210 West Avenue, Austin, Texas 78701			

<b>9</b> Principal occupation (Optional) Attorney (retired)		<b>10</b> Employer (Optional)	
Date 12/12/99	Full name of contributor Bobby R. Taylor	Amount of contribution (\$) <b>\$250.00</b>	Kind of contribution description (if applicable)
Contributor address City State Zip Code 1709 E. Martin Luther King Blvd. Austin, Texas 78702			

<b>9</b> Principal occupation (Optional) Attorney		<b>10</b> Employer (Optional)	
Date 12/15/99	Full name of contributor Mary Kay Sicola	Amount of contribution (\$) <b>\$500.00</b>	Kind of contribution description (if applicable)
Contributor address City State Zip Code 707-B Rio Grande, Austin, Texas 78701			

<b>9</b> Principal occupation (Optional) Attorney		<b>10</b> Employer (Optional)	
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form.

- 1 Total pages this Schedule A1  
**2**
- 3 ACCOUNT # (Texas Commission File #)

**2 FILER NAME**

Herbert E. Evans

<b>4</b> Date  12/22/99	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC  Jack Bacon	<b>7</b> Amount of contribution (\$)  \$250.00	<b>8</b> In-kind contributor description (if applicable)
	<b>6</b> Contributor address, City, State, Zip Code  707-B Rio Grande, Austin, Texas 78701		

<b>9</b> Principal occupation (Optional) Attorney	<b>10</b> Employer (Optional)
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Date  12/22/99	Full name of contributor <input type="checkbox"/> out-of-state PAC  P. David Wahlberg	Amount of contribution (\$)  \$100.00	In-kind contributor description (if applicable)
	Contributor address, City, State, Zip Code  1208 West Avenue, Austin, Texas 78701		

Principal occupation (Optional) Attorney	Employer (Optional)
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Date  12/23/99	Full name of contributor <input type="checkbox"/> out-of-state PAC  Toya Lutz	Amount of contribution (\$)  \$100.00	In-kind contributor description (if applicable)
	Contributor address, City, State, Zip Code  8400 Siskin Cove, Austin, Texas 78745		

Principal occupation (Optional) Attorney	Employer (Optional)
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Date  12/23/99	Full name of contributor <input type="checkbox"/> out-of-state PAC  Deirdre Darrouzet	Amount of contribution (\$)  \$250.00	In-kind contributor description (if applicable)
	Contributor address, City, State, Zip Code  707 Rio Grande, Ste. 200, Austin, Texas 78701		

Principal occupation (Optional) Attorney	Employer (Optional)
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Date  12/28/99	Full name of contributor <input type="checkbox"/> out-of-state PAC  Joe James Sawyer	Amount of contribution (\$)  \$250.00	In-kind contributor description (if applicable)
	Contributor address, City, State, Zip Code  707 Rio Grande, Ste. 200, Austin, Texas 78701		

Principal occupation (Optional) Attorney	Employer (Optional)
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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. LTR (page) to report: **1**

**1**

3. ACCOUNT # (if applicable) (page) \_\_\_\_\_

2. FILER NAME

Herbert E. Evans

4. TOTAL OF UNITEMIZED LOANS. \_\_\_\_\_ \$

5. Date of loan  
12/29/99

7. Name of lender  
Herbert Evans

9. Loan Amount (\$)  
\$1000.00

6. Is lender a financial institution?  
Y  N

8. Lender address City State Zip Code  
1302 West Avenue, Austin, Texas 78701

10. Interest rate  
11. Maturity date

12. Description of Collateral  
 none

13. GUARANTOR INFORMATION

14. Name of guarantor

16. Amount of guarantee (\$)

15. Guarantor address City State Zip Code

17. Principal Occupation

18. Employer

Date of loan

Name of lender

Loan Amount (\$)

Is lender a financial institution?

Lender address City State Zip Code

Interest rate

Y N

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount of guarantee (\$)

Guarantor address City State Zip Code

not applicable

Principal Occupation

Employer

**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

3 Actual filing # (not the number of forms)

2 FILER NAME:

Herbert E. Evans

4 Date	5 Payee name	7 Amount (\$)
12/31/99	Travis County Democratic Party	\$800.00

6 Payee address City State Zip Code

1311 E. 6th Street, Austin, Texas 78702

8 Purpose of expenditure (See instructions regarding type of information required.)

Filing fee

9 \* If multiple filers, please indicate filer's name and amount.

Date	Payee name	Amount (\$)
July - December 1999	Chase Manhattan Bank	\$71.82

6 Payee address City State Zip Code

700 Lavaca St., Austin, Texas 78701

8 Purpose of expenditure (See instructions regarding type of information required.)

Bank charges

9 \* If multiple filers, please indicate filer's name and amount.

Date	Payee name	Amount (\$)

6 Payee address City State Zip Code

8 Purpose of expenditure (See instructions regarding type of information required.)

9 \* If multiple filers, please indicate filer's name and amount.

Date	Payee name	Amount (\$)

6 Payee address City State Zip Code

8 Purpose of expenditure (See instructions regarding type of information required.)

9 \* If multiple filers, please indicate filer's name and amount.

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