

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 4628

### FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b> 18																								
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:30%;">FIRST</td> <td style="width:30%;">MI</td> </tr> <tr> <td></td> <td>Herbert</td> <td>E.</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td>Herb</td> <td>Evans</td> <td></td> </tr> </table>	TITLE	FIRST	MI		Herbert	E.	NICKNAME	LAST	SUFFIX	Herb	Evans		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%;">Date Received</td> <td style="width:50%; text-align: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> <b>FILED</b>                      JUN 17 11 23 AM '00                      COUNTY CLERK                      TRAVIS COUNTY TEXAS                 </div> </td> </tr> <tr> <td>Date Hand-delivered or Date Postmarked</td> <td></td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>		OFFICE USE ONLY		Date Received	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> <b>FILED</b>                      JUN 17 11 23 AM '00                      COUNTY CLERK                      TRAVIS COUNTY TEXAS                 </div>	Date Hand-delivered or Date Postmarked		Receipt #	Amount	Date Processed		Date Imaged	
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<b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b>  <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ADDRESS / PO BOX</td> <td style="width:15%;">APT / SUITE #:</td> <td style="width:20%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:25%;">ZIP CODE</td> </tr> <tr> <td>1302 West Avenue</td> <td></td> <td>Austin TX</td> <td></td> <td>78701</td> </tr> </table>			ADDRESS / PO BOX	APT / SUITE #:	CITY:	STATE:	ZIP CODE	1302 West Avenue		Austin TX		78701														
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Joe	Turner																										
<b>6 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">STREET ADDRESS (NO PO BOX PLEASE):</td> <td style="width:15%;">APT / SUITE #:</td> <td style="width:20%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:25%;">ZIP CODE</td> </tr> <tr> <td>1504 West Avenue</td> <td></td> <td>Austin TX</td> <td></td> <td>78701</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE	1504 West Avenue		Austin TX		78701														
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<b>8 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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 checked="" 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)																
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1	/	1		6	/	30																					
		2000				2000																					
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3	/	17	/	00																							
<b>11 OFFICE</b>	OFFICE HELD (if any) Justice of the Peace, Precint 5 Austin, Travis County Texas	<b>12 OFFICE SOUGHT (if known)</b>																									
<b>13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <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 Users)

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. \*\*

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

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

\$ 2270.00

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

\$ 8120.00

EXPENDITURE  
TOTALS

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

\$ 338.49

4. TOTAL POLITICAL EXPENDITURES

\$ 8333.68

OUTSTANDING  
LOAN TOTALS

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

\$ 20596.81

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.



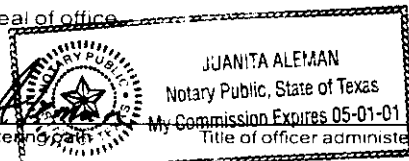
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Herb Evans, this the 17<sup>th</sup> day of July, 20 00, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath



JUANITA ALEMAN  
Notary Public, State of Texas

My Commission Expires 05-01-01

Title of officer administering oath

**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: 9	
2 FILER NAME Herbert E. Evans		3 ACCOUNT # (Ethics Commission files)	
4 Date 2-3-00	5 Full name of contributor Alex Marano <input type="checkbox"/> out-of-state PAC 6 Contributor address: City: State: Zip Code 4908 Manchaca Austin TX 78745	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2-4-00	Full name of contributor Craig Davis <input type="checkbox"/> out-of-state PAC Contributor address: City: State: Zip Code 812 San Antonio Ste. 211 Austin TX 78701	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2-4-00	Full name of contributor Bradley L. Houston <input type="checkbox"/> out-of-state PAC Contributor address: City: State: Zip Code 1120 Capital of TX Hwy. South Bldg. III, Ste. 200 Austin TX 78746	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2-10-00	Full name of contributor Elsie F. Craven <input type="checkbox"/> out-of-state PAC Contributor address: City: State: Zip Code 1112 Cripple Creek Dr. Austin TX 78758	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2-10-00	Full name of contributor Carlos H. Barrera <input type="checkbox"/> out-of-state PAC Contributor address: City: State: Zip Code 608 W. Oltorf St. Austin TX 78704	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		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.

**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: 0	
2 FILER NAME  Herbert E. Evans		3 ACCOUNT # (Ethics Commission files)	
4 Date  2-10-00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Kyle T. Lowe	7 Amount of contribution (\$)  100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1411 West Avenue Ste. 100 Austin TX 78701			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date  2-10-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Stephen B. Edwards	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 507 W. 10th Street Austin TX 78701			
Principal occupation (Optional)		Employer (Optional)	
Date  2-10-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Steve Turro	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 404 W. 13th Street Austin TX 78701			
Principal occupation (Optional)		Employer (Optional)	
Date  2-10-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Michael A. Coffey	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2203 Fair Oaks Drive Austin TX 78745			
Principal occupation (Optional)		Employer (Optional)	
Date  2-10-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Louise H. Trull	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1210 West Avenue Austin TX 78701			
Principal occupation (Optional)		Employer (Optional)	

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 9	
2 FILER NAME Herbert E. Evans		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-10-00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Peter Kreisner	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code P. O. Box 763 Austin TX 78767			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2-10-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Kirt Kiester	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 611 W. 14th Street Suite 100 Austin TX 78701			
Principal occupation (Optional)		Employer (Optional)	
Date 2-10-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Andrew Shuvalov	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 701 W. 11th Street Austin TX 78701			
Principal occupation (Optional)		Employer (Optional)	
Date 2-10-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Dexter Gilford	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 700 San Antonio St. Austin TX 78701			
Principal occupation (Optional)		Employer (Optional)	
Date 2-10-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Alberto Garcia	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1715 S. First Austin TX 78704			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

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2 FILER NAME Herbert E. Evans		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-10-00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Mark A. Sampson 6 Contributor address: City: State: Zip Code 809 Rio Grande Austin TX 78701	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2-10-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Stuart Kinard Contributor address: City: State: Zip Code P. O. Box 685138 Austin TX 78768	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2-14-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Christopher L. Elliott Contributor address: City: State: Zip Code 8140 N. Mopac Bldg 20159 Austin TX 78759	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2-4-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Ray Wood and Fine Contributor address: City: State: Zip Code P. O. Box 165001 Austin TX 78716	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2-4-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Fitzgerald and Meissner Contributor address: City: State: Zip Code 812 San Antonio Suite 400 Austin TX 78701	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**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: 9	
2 FILER NAME Herbert E. Evans		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-7-00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC J. Todd Sherman	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 600 West 12th St. Austin TX 78701			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2-8-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Minton, Burton, Foster & Collins	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1100 Guadalupe St. Austin TX 78701			
Principal occupation (Optional)		Employer (Optional)	
Date 2-9-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Williams & Forsythe	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1100 West Avenue Austin TX 78701			
Principal occupation (Optional)		Employer (Optional)	
Date 2-4-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Thomas Esparza	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1811 S. First St. Austin TX 78704			
Principal occupation (Optional)		Employer (Optional)	
Date 1-3-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Raul Reza Vasquez	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1301 Northridge Dr. Austin TX 78723			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 9	
2 FILER NAME Herbert E. Evans		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-6-00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Ned Granger 6 Contributor address: City: State: Zip Code 605 W. 10th St. Austin TX 78701	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2-27-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Laura E. Pollard Contributor address: City: State: Zip Code 1212 Guadalupe #508 Austin TX 78701	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 3-10-00	Full name of contributor <input type="checkbox"/> out-of-state PAC S. Lee Wingate Contributor address: City: State: Zip Code 701 Brazos St. Ste. 500 Austin TX 78701	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2-22-00	Full name of contributor <input type="checkbox"/> out-of-state PAC John N. Stark Contributor address: City: State: Zip Code 1401 Possum Trot Austin TX 78703	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2-15-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Fernando Martinez Contributor address: City: State: Zip Code 500 W. 16th St. Suite 101 Austin TX 78701	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**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:  
9

2 FILER NAME Herbert E. Evans 3 ACCOUNT # (Ethics Commission filers)

4 Date 2-28-00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Berkley Bettis	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 5607 Montview Austin TX 78756			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 2-24-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Bruce S. Fox	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 404 W. 13th Street Austin TX 78701			

Principal occupation (Optional) Employer (Optional)

Date 2-28-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Meadows and Welch	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 9065 Jollyville Rd. Suite 201 Austin TX 78759			

Principal occupation (Optional) Employer (Optional)

Date 3-2-00	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC American Federation of State, County & Municipal Employees AFL-CIO	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1625 L Street N.W. Washington D.C. 20036			

Principal occupation (Optional) Employer (Optional)

Date 3-19-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Anthony L. Smith	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 808 W. 11th Street Austin TX 78701			

Principal occupation (Optional) Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
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2 FILER NAME  Herbert E. Evans		3 ACCOUNT # (Ethics Commission filers)	
4 Date  2-10-00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Larry J. Craighead	7 Amount of contribution (\$)  250.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 4101 County Rd. 268 Georgetown TX 78628			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date  2-5-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Rosemary Coffman	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2501 N. Lamar Austin TX 78705			
Principal occupation (Optional)		Employer (Optional)	
Date  2-4-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Tomas Garza	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 812 San Antonio Ste. G-15 Austin TX 78701			
Principal occupation (Optional)		Employer (Optional)	
Date  2-4-00	Full name of contributor <input type="checkbox"/> out-of-state PAC William Apt	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1609 Shoal Creek Blvd. Ste. 300 Austin TX 78701			
Principal occupation (Optional)		Employer (Optional)	
Date  2-7-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Franklin Scott Spears Jr.	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code Barton Oaks Plaza One Suite 420 901 Mopac Expressway S. Austin TX 78746			
Principal occupation (Optional)		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.

**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: 9	
2 FILER NAME Herbert E. Evans		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-3-00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Bruce Elfant	7 Amount of contribution (\$) 125.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1205 Fairwood Austin TX 78722			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4-22-00	Full name of contributor <input type="checkbox"/> out-of-state PAC Bruce Elfant	Amount of contribution (\$) 275.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1205 Fairwood Austin TX 78722			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code	0	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code	0	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code	0	
Principal occupation (Optional)		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 Total pages Schedule E 1
2 FILER NAME Herbert E. Evans		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:      ⇐ ⇐ ⇐ ⇐ ⇐ ⇐		\$
5 6-29-00	7 Name of lender Herbert Evans <input type="checkbox"/> out-of-state PAC	9 Loan Amount (\$) 963.81
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address:      City:      State:      Zip Code 1302 West Avenue      Austin TX 78701	10 Interest rate 0%
		11 Maturity date
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 (\$)
17 Principal Occupation		18 Employer
Date of loan	Name of lender: <input type="checkbox"/> 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 <input type="checkbox"/> none		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address:      City:      State:      Zip Code	Amount Guaranteed (\$)
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: 6
2 FILER NAME Herbert E. Evans		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-22-2000	5 Payee name Kinko's 6 Payee address: City: State: Zip Code 9222 Burnet Road Austin TX 78758	7 Amount (\$) 232.03
8 Purpose of expenditure (See instructions regarding type of information required.) copy costs		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 1-4-2000	Payee name Chris Saunders Payee address: City: State: Zip Code 1000 Guadalupe Austin TX 78701	Amount (\$) 350.00
Purpose of expenditure (See instructions regarding type of information required.) consultant		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 1-15-2000	Payee name Chris Saunders Payee address: City: State: Zip Code 1000 Guadalupe Austin TX 78701	Amount (\$) 680.00
Purpose of expenditure (See instructions regarding type of information required.) consultant		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 1-31-2000	Payee name Chris Saunders Payee address: City: State: Zip Code 1000 Guadalupe Austin TX 78701	Amount (\$) 375.00
Purpose of expenditure (See instructions regarding type of information required.) consultant		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6

2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-14-00

5 Payee name

Mrs. Johnson's Bakery

7 Amount (\$)

93.75

6 Payee address: City: State: Zip Code

4090 Airport Blvd.

Austin TX 78751

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

food

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

Office sought / held

Date

5-16-00

Payee name

Guero's

Amount (\$)

52.41

Payee address: City: State: Zip Code

1412 S. Congress Avenue

Austin TX 78704

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

meals

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

Office sought / held

Date

1-1-00

Payee name

Ninfa's

Amount (\$)

140.85

Payee address: City: State: Zip Code

612 W. Sixth Street

Austin TX 78701

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

meals

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

Office sought / held

Date

5-7-00

Payee name

Katz's Deli

Amount (\$)

23.11

Payee address: City: State: Zip Code

618 W. Sixth Street

Austin TX 78701

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

meals

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

Office sought / held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 6
2 FILER NAME Herbert E. Evans		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-7-2000	5 Payee name Polk Shelton 6 Payee address: City: State: Zip Code 611 W. 14th Street Austin TX 78701	7 Amount (\$) 250.00
8 Purpose of expenditure (See instructions regarding type of information required.) entertainment		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 4-13-2000	Payee name Gunn Salelanonda Payee address: City: State: Zip Code 7705 Woodrow Austin TX 78757	Amount (\$) 140.00
Purpose of expenditure (See instructions regarding type of information required.) website domain name		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 5-26-2000	Payee name Gunn Salelanonda Payee address: City: State: Zip Code 7705 Woodrow Austin TX 78757	Amount (\$) 1461.35
Purpose of expenditure (See instructions regarding type of information required.) reimbursement for computer		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 4-22-2000	Payee name Jason's Deli Payee address: City: State: Zip Code 3300 Bee Caves Rd. Austin TX 78746	Amount (\$) 286.75
Purpose of expenditure (See instructions regarding type of information required.) meals		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>6</b>
2 FILER NAME <b>Herbert E. Evans</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>1-8-00</b>	5 Payee name <b>Katz's Deli</b> ..... 6 Payee address: City: State: Zip Code <b>618 W. Sixth Street Austin TX 78701</b>	7 Amount (\$)  <b>45.77</b>
8 Purpose of expenditure (See instructions regarding type of information required.) <b>meals</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought / held
Date <b>2-10-00</b>	Payee name <b>Chris Saunders</b> ..... Payee address: City: State: Zip Code <b>1000 Guadalupe Austin TX 78701</b>	Amount (\$)  <b>375.00</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>consultant</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought / held
Date <b>2-10-00</b>	Payee name <b>Honey Baked Ham Co.</b> ..... Payee address: City: State: Zip Code <b>9029 Research Blvd. Austin TX 78758</b>	Amount (\$)  <b>150.14</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>meals</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought / held
Date <b>1-28-00</b>	Payee name <b>Kelly Graphics</b> ..... Payee address: City: State: Zip Code <b>3809 Spicewood Springs Rd. Bldg, E #127 Austin TX 78731</b>	Amount (\$)  <b>958.18</b>
Purpose of expenditure (See instructions regarding type of information required.) <b>postage</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought / held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F. <p style="text-align: right;">6</p>
2 FILER NAME <p style="text-align: center;">Herbert E. Evans</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date <p>1-31-00</p>	5 Payee name <p style="text-align: center;">Kelly Graphics</p>	7 Amount (\$) <p style="text-align: right;">1209.15</p>
6 Payee address: City: State: Zip Code <p style="text-align: center;">3809 Spicewood Springs Road Bldg. E #127 Austin TX 78731</p>		
8 Purpose of expenditure (See instructions regarding type of information required.) <p style="text-align: center;">printing</p>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	0
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	0
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	0
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name <span style="float: right;">Office sought / held</span>

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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6

2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

3-2-2000

Central Austin Democrats

200.00

6 Payee address; City; State; Zip Code

3217 N. IH-35 Austin TX 78722

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

advertising

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

3-6-2000

Central Austin Democrats

100.00

Payee address; City; State; Zip Code

3217 N. IH-35 Austin TX 78722

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

advertising

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

3-27-2000

Alamo Printing

771.70

Payee address; City; State; Zip Code

1308 E. 51st Street Austin TX 78723

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

printing

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

4-14-2000

Texas Young Democrats

100.00

Payee address; City; State; Zip Code

919 Congress Ave, Suite 900  
Austin, Texas 78701

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

contribution

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought / held

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