

4717

4717

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI NICKNAME LAST SUFFIX Herbert E. Herb Evans

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 1302 West Avenue Austin TX 78701

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI NICKNAME LAST SUFFIX Joseph A. Turner

Receipt #

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 TX 78701

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION (512) 474-4892

8 REPORT TYPE

- January 15, 30th day before election, Runoff, 15th day after campaign treasurer appointment (officeholder only), July 15, 8th day before election, Exceeded \$500 limit, Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year 9 / 29 / 00 THROUGH Month Day Year 10 / 28 / 00

10 ELECTION

ELECTION DATE Month Day Year 11 / 7 / 00 ELECTION TYPE Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any) Justice of the Peace, Precint 5 Austin TX, Travis County

12 OFFICE SOUGHT (if known)

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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

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 # (Ethics Commission files)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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)

\$ 500.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 585.00

OUTSTANDING LOAN TOTALS

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

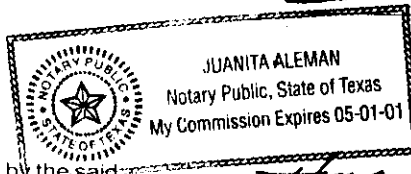
\$ 20596.81

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 30th day of October, 2002, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Juanita Aleman
Printed name of officer administering oath

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: **1**

2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/6/2000

5 Full name of contributor

PEOPLE (AFSCME PAC) out-of-state PAC

6 Contributor address; City; State; Zip Code

**1625 L. Street NW
Washington, D.C. 20036**

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

Labor Union PAC

10 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 (Optional)

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 (Optional)

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 (Optional)

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 (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.

PLEGGED CONTRIBUTIONS

SCHEDULE B1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: **1**

2 FILER NAME
Herbert E. Evans

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: \$ **0**

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

10 Principal occupation (optional) 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 (optional) 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 (optional) 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 (optional) 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 (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.

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:

↔ ↔ ↔ ↔ ↔ ↔

\$ 0

5

7 Name of lender

out-of-state PAC

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

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

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

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 10/24/00	5 Payee name MESSAGE, AUDIENCE & PRESENTATION	7 Amount (\$) \$585.00
6 Payee address: City, State; Zip Code 2400 S. 4th Street Austin, Texas 78704		
8 Purpose of expenditure (See instructions regarding type of information required.) Photographic Services	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Herb Evans ; Justice of Peace Precinct 5 Office sought / held:	
Date	Payee name Payee address; City, State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** 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 (See instructions regarding type of information required.)		** 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 (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 <p style="text-align: center; margin-left: 100px;">Herbert E. Evans</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <p style="text-align: center; margin-left: 100px;">none</p> <hr style="border-top: 1px dashed black;"/> 6 Payee address; City; State; Zip Code	8 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H.

1

2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission filers)

4

5 Business name

none

7

Amount
(\$)

6 Business address; City; State; Zip Code

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

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

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

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

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

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

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

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

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

1 Total pages Schedule I: **1**

2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name none	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4718

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00041364		2 Total pages this report: 1/2		
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY Date Received: OCT 30 5 56 PM '00 FILED Date Hand-Delivered or Deposited: OCT 30 11:00		
	Darlene					
NICKNAME	LAST	SUFFIX				
Byrne						
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE;	ZIP CODE	
	98 San Jacinto Blvd Suite 2000 Austin TX 78701					
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt #		
	Stephen					
NICKNAME	LAST	SUFFIX	Amount			
Steve Adler						
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE	
	808 Nueces Austin TX 78701					
7 CAMPAIGN TREASURER PHONE	AREA CODE		PHONE NUMBER		EXTENSION	
	() -					
8 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	
	<input type="checkbox"/> July 15		<input checked="" type="checkbox"/> *8th day before election		<input type="checkbox"/> Exceeded \$500 limit	
<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		<input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month / Day / Year		THROUGH		Month / Day / Year	
	09/29/2000				10/28/2000	
10 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month / Day / Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
11/07/2000						
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) District Judge 126			
13 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					
	Address/PO Box; Apt. / Suite #; City; State; Zip Code					
GO TO PAGE 2						

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

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

14 C/OH NAME
Darlene Byrne

15 ACCOUNT # (Ethics Commission filers)
00041364

16 NOTICE FROM 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	The Friends of Darlene Byrne 2000
<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS 98 San Jacinto Blvd Suite 2000 Austin TX 78701
	COMMITTEE CAMPAIGN TREASURER NAME Stephen Adler
	COMMITTEE CAMPAIGN TREASURER ADDRESS 808 Nueces Austin TX 78701

additional pages

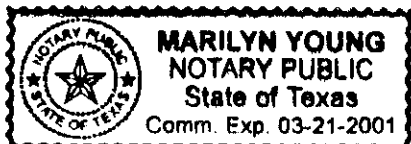
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
EXPENDITURE TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
CONTRIBUTION BALANCE	6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 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.

Darlene Byrne
Signature of Candidate or Officeholder

Sworn to and subscribed before me this 30th day of October, 2000 to certify which witness my hand and seal of office.



Marilyn Young
Notary Public in and for the State of Texas