

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4884

**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:

10

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Judge *Herbert* *E*
NICKNAME LAST SUFFIX
Herb *EVANS*

OFFICE USE ONLY

Date Received: 01 JUL 16 PM 3: 7
DAVID DEWITT
COUNTY CLERK
TRAVIS COUNTY TEXAS
FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
1300 West Avenue
Austin, Texas 78701

Change of Address

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

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 THROUGH Month Day Year
1 / 1 / 01 THROUGH *6 / 30 / 01*

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3 / 12 / 02 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
Justice of Peace, Precinct 5
Travis County, Texas

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: *N/A*
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 A/c)

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
<input type="checkbox"/> GENERAL	<i>N/A</i>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *1463.25*

OUTSTANDING LOAN TOTALS

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

\$ *20,667.48*

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said *Herb Evans* this the *16th* day of *July* *2001*, to certify which, witness my hand and seal of office.

Juanita Aleman

Juanita Aleman

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
1

2 FILER NAME

HERBERT E. EVANS

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

out of state PAC

NONE

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)



6 Contributor address; City; State; Zip Code

9 Principal occupation

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

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)

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)

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)

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 Date of loan	7 Name of lender <input type="checkbox"/> 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 <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
 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:
1 of 2

2 FILER NAME

HERBERT E. EVANS

3 ACCOUNT # (Ethics Commission files)

4 Date

2/16/01

5 Payee name

A & F Trophy Co

7

Amount (\$)

\$528.25*

6 Payee address; City; State; Zip Code

4619 S. Congress Ave. Austin, Texas 78745

8 Purpose of expenditure AWARDS for University Democrats for Voter Registration Work - 2000
* I WAS FULLY REIMBURSED for THIS EXPENDITURE by TRAVIS COUNTY DEMOCRATIC PARTY.

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

Office sought / held

Date

3/21/01

Payee name

Travis County Democratic Party

Amount (\$)

\$150

Payee address; City; State; Zip Code

P.O. Box 684263
Austin, Texas 78768

Purpose of expenditure

CONTRIBUTION

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

Office sought / held

Date

4/2/01

Payee name

Cinco de Mayo Program

Amount (\$)

\$50

Payee address; City; State; Zip Code

c/o Commissioner Margaret Gomez
5th Floor, Stokes Bldg
214 W 11th St.
Austin Texas 78701

Purpose of expenditure

Contribution

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

Office sought / held

Date

5/17/01

Payee name

Downtown Austin Alliance

Amount (\$)

\$125

Payee address; City; State; Zip Code

211 E 7th St.
Austin, Texas 78701

Purpose of expenditure

MEMBERSHIP DUES

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

Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 2

2 FILER NAME

HERBERT E. EVANS

3 ACCOUNT # (Ethics Commission files)

4 Date

5/20/01

5 Payee name

BRUCE ELFANT Campaign

7

Amount
(\$)

\$100.00

6 Payee address; City; State; Zip Code

1205 Fairwood
Austin, Texas 78722

8 Purpose of expenditure

CONTRIBUTION

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

Office sought / held

Date

6/17/01

Payee name

June Leantk Festival

Amount
(\$)

\$50.00

Payee address; City; State; Zip Code

60 Judge Sam Biscoe
5th Floor Stokes Bldg
314 W 11th St.
Austin, Texas 78701

Purpose of expenditure

Contribution

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

Office sought / held

Date

6/20/01

Payee name

Chris SAUNDERS

Amount
(\$)

\$400.00

Payee address; City; State; Zip Code

3713 Windsor Road
Austin, Texas 78703

Purpose of expenditure

Services in arranging Aug. 2, 2001
Fundraiser

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

Office sought / held

Date

6/20/01

Payee name

Austin Women's Political Caucus

Amount
(\$)

\$60.00

Payee address; City; State; Zip Code

Purpose of expenditure

Membership Dues

** 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

HERBERT E. EVANS

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	8 Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure	
Date	Payee name	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
Date	Payee name	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
Date	Payee name	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
Date	Payee name	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

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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 files)

4 Date

5 Business name

7

Amount (\$)

6 Business address; City; State; Zip Code

0

8 Purpose of payment

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

-- 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

-- 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

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

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 files)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	0
	7 Purpose of expenditure	
	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure	
	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure	
	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure	
	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure	

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