

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5229

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
JUDGE HERBERT E.
NICKNAME LAST SUFFIX
Herb EVANS

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
1302 West Ave, Austin, TX 78701
 Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mr. Joseph A.
NICKNAME LAST SUFFIX
Joe Turner

Receipt #

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 Ave, 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 THROUGH Month Day Year
7 / 1 / 02 THROUGH 9 / 26 / 02

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 5 / 02

11 OFFICE

OFFICE HELD (if any)
Justice of Peace, Pct 5

12 OFFICE SOUGHT (if known)

Same

13 NOTICE OF 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
NONE

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 EVANS

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of 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

NONE

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-**

EXPENDITURE TOTALS

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

\$ **0-**

4. TOTAL POLITICAL EXPENDITURES

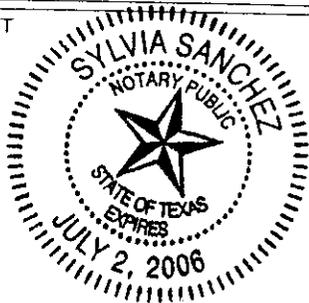
\$ **1749.79**

OUTSTANDING LOAN TOTALS

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

\$ **18,167.48**

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 Evans

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Herb Evans, this the 8th day of Oct, 2002, to certify which, witness my hand and seal of office.

Sylvia Sanchez
Signature of officer administering oath

Sylvia Sanchez
Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A1:

2 FILER NAME **HERBERT EVANS** 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NONE	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			

9 Principal occupation (Optional) 10 Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	---	-----------------------------	--

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	---	-----------------------------	--

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
------	---	-----------------------------	--

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	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.

PLEGGED CONTRIBUTIONS

SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID# _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address: _____ City: _____ State: _____ Zip Code _____

NONE

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address: _____ City: _____ State: _____ Zip Code _____

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address: _____ City: _____ State: _____ Zip Code _____

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address: _____ City: _____ State: _____ Zip Code _____

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID# _____)

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:

2 FILER NAME

HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

NONE

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 (ID# _____)

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: **3**

2 FILER NAME **HERBERT EVANS**

3 ACCOUNT # (Ethics Commission filers)

4 Date 8/14/02	5 Payee name Newspapers in Education	7 Amount (\$) \$ 250.00
6 Payee address; City; State; Zip Code 305 S. Congress Ave Austin, TX 78704		

8 Purpose of payment (See instructions regarding type of information required.) Advertising & sponsoring High School Class	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9/4/02	Payee name University Democrats	Amount (\$) \$ 100.00
Payee address; City; State; Zip Code UT Campus		

Purpose of payment (See instructions regarding type of information required.) Sponsorship/Contribution	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 9/11/02	Payee name Check Mark Typesetting	Amount (\$) \$ 221.37
Payee address; City; State; Zip Code 3217 N. IH. 35 Austin, TX 78722		

Purpose of payment (See instructions regarding type of information required.) Door hangers for Voter Registration Drive	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 9/19/02	Payee name Check Mark Typesetting	Amount (\$) \$ 184.03
Payee address; City; State; Zip Code 3217 N. IH 35 Austin, TX 78722		

Purpose of payment (See instructions regarding type of information required.) Door hangers for Voter Registration Drive	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME **Herbert EVANS**

3 ACCOUNT # (Ethics Commission filers)

4 Date **9/24/02**

5 Payee name **Women's Advocacy Project**
 6 Payee address; City; State; Zip Code
P.O. Box 833
AUSTIN, TX 78767

7 Amount (\$)
\$100.00

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

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

Date **9/24/02**

Payee name **Muscular Dystrophy Assoc.**
 Payee address; City; State; Zip Code
3701 Executive Center Drive
AUSTIN, TX 78731

Amount (\$)
\$ 50.00

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

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

Date **9/30/02**

Payee name **Central Austin Democrats**
 Payee address; City; State; Zip Code
UNKNOWN

Amount (\$)
\$ 100.00

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

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

Date **9/30/02**

Payee name ~~Central~~ **Stonewall Democrat of Austin**
 Payee address; City; State; Zip Code
UNKNOWN

Amount (\$)
\$ 100.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME **HERBERT EVANS**

3 ACCOUNT # (Ethics Commission filers)

4 Date 7/1/02	5 Payee name Office Depot	7 Amount (\$) \$35.71
6 Payee address; City; State; Zip Code 2101 S. Lamar Blvd Austin, Texas 78704		

8 Purpose of payment (See instructions regarding type of information required.)
FOLDING TABLE (used for Voter Registration)

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

Date 7/3/02	Payee name Fresh plus Grocery Store	Amount (\$) 43.68
Payee address; City; State; Zip Code 1221 West Lynn St. Austin, Texas 78703		

Purpose of payment (See instructions regarding type of information required.)
Food for West Austin Democrats' July 4 party

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

Date 8/3/02	Payee name Austin AFL-CIO	Amount (\$) 65.00
Payee address; City; State; Zip Code 11th & Lavaca Austin, Texas 78701		

Purpose of payment (See instructions regarding type of information required.)
Advertising in Labor Day Program

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

Date 8/8/02	Payee name Travis County Democratic Party	Amount (\$) 500.00
Payee address; City; State; Zip Code 4201 S. Congress Ave Suite 302		

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

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

2 FILER NAME

HERBERT 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.)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City: State: Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City: State: Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City: State: Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City: State: Zip Code

Amount (\$)

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

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:

2 FILER NAME

HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address: City State Zip Code

NONE

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 Office 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 Office 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 Office 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 Office 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:

2 FILER NAME

Herbert EVANS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>NDIVE</i>	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