

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5793

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

MS / MRS / MR

FIRST

MI

Mr. HERBERT

E.

NICKNAME

LAST

SUFFIX

HERB EVANS

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX. APT / SUITE #. CITY. STATE. ZIP CODE

1302 West Ave., Austin, TEXAS 78701

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 854-9049

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr. Joseph

A.

NICKNAME

LAST

SUFFIX

JOE TURNER

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. CITY. STATE. ZIP CODE

1504 WEST AVE., AUSTIN, TEXAS 78701

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 474-4892

9 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)

10 PERIOD COVERED

Month Day Year

THROUGH

Month Day Year

1 / 1 / 04

6 / 30 / 04

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

N/A

Primary

N/A

General

Special

12 OFFICE

OFFICE HELD (if any)

JUSTICE OF PEACE, ACT 5
TRAVIS COUNTY

13 OFFICE SOUGHT (if known)

14 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

15 C/OH NAME

HERBERT EVANS

16 ACCOUNT # (Ethics Commission file #)

17 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

COMMITTEE NAME

NONE

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$ **672.23**

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

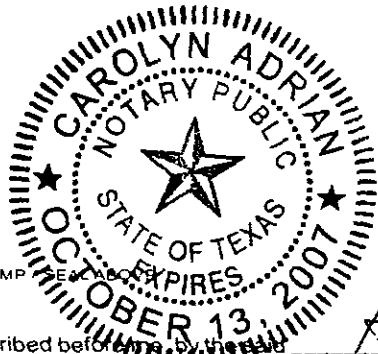
\$ **3395.58**

OUTSTANDING LOAN TOTALS

6. 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

Sworn to and subscribed before me by HERB EVANS this the 15 day of July, 2007, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

HERBERT EVANS

3 ACCOUNT # (Ethics Commission files)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

NONE

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 B

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule B:
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2 FILER NAME HERBERT EVANS	3 ACCOUNT # (Ethics Commission files)
--------------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> 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 / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

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

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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:
2 FILER NAME HERBERT EVANS		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address: City: State: Zip Code NONE	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address: City: State: Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address: City: State: Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 EVANS		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/4/04	5 Payee name MESSAGE AUDIENCE & PRESENTATION 6 Payee address; City; State; Zip Code 2400 S. 5TH ST AUSTIN, TEXAS 78704	7 Amount (\$) \$ 22.23
8 Purpose of payment (See instructions regarding type of information required.) photographs		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/4/04	Payee name TRAVIS COUNTY DEMOCRATIC PARTY Payee address; City; State; Zip Code 706 W. MLK, JR. BLVD, SUITE 8 AUSTIN, TEXAS 78701	Amount (\$) \$ 250.00
Purpose of payment (See instructions regarding type of information required.) SPONSOR FILING DAY DINNER		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/4/04	Payee name AUSTIN WOMEN'S POLITICAL CAUCUS Payee address; City; State; Zip Code P.O. 1	Amount (\$) \$ 100.00
Purpose of payment (See instructions regarding type of information required.) SPONSOR FEB. 25 FUNDRAISER		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/4/04	Payee name TEXAS DEMOCRATIC WOMEN Payee address; City; State; Zip Code	Amount (\$) \$ 100.00
Purpose of payment (See instructions regarding type of information required.) SPONSOR 2004 CONVENTION		** 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:
2 of 2

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

4 Date 3/9/04	5 Payee name BRUCE ELFANT	7 Amount (\$) \$100.00
6 Payee address: City: State: Zip Code 1205 FAIRWOOD AUSTIN, TEXAS 78722		

8 Purpose of payment (See instructions regarding type of information required.) REIMBURSE for cost of donuts for poll workers	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/16/04	Payee name CINCO de MAYO CELEBRATION	Amount (\$) \$50.00
Payee address: City: State: Zip Code c/o COMMISSIONER MARGARET GOMEZ 5th FLOOR, 314 W. 11th St. AUSTIN, TEXAS 78701		

Purpose of payment (See instructions regarding type of information required.) SPONSOR CINCO de MAYO FESTIVAL	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/20/04	Payee name SAM BISCOE Special Projects	Amount (\$) \$50.00
Payee address: City: State: Zip Code c/o JUDGE SAM BISCOE 5th FLOOR, 314 W. 11th St. AUSTIN, TEXAS 78701		

Purpose of payment (See instructions regarding type of information required.) SPONSOR JUNETEENTH FESTIVAL	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		

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
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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.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

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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:
2 FILER NAME HERBERT EVANS		3 ACCOUNT # (Ethics Commission files)
4 Date	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 Office held
Date	Business name Business address: City: State: Zip Code	Amount (\$)
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 Business address: City: State: Zip Code	Amount (\$)
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 Business address: City: State: Zip Code	Amount (\$)
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

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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** 3 **ACCOUNT #** (Ethics Commission filers)
HERBERT EVANS

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address: City: State: Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

NONE

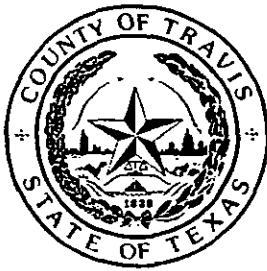
Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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



DANA DeBEAUVOIR
Travis County Clerk

P. O. Box 149325, Austin, Texas 78714
1000 Guadalupe, Austin, Texas 78701
5501 Airport Blvd. Austin, Texas 78751
www.co.travis.tx.us

To: Travis County Candidates, Officeholders and Specific-Purpose Committees
From: Dana DeBeauvoir, Travis County Clerk
Date: June 16, 2004
Re: Courtesy Reminder - CAMPAIGN FINANCE REPORT DEADLINE

It is time again to file your semi-annual campaign finance reports. The reports listed below are due on **Thursday, July 15, 2004**. The report is timely if it has a postmark of July 15 or earlier, or if you deliver it in person to the office of the Elections Division located at 5501 Airport Boulevard, by 5:00 PM, July 15.

- C/OH For candidates and officeholders
- JC/OH For judicial candidates and officeholders
- SPAC For specific-purpose action committees
- JSPAC For judicial specific-purpose action committees

The appropriate form for filing is enclosed. The above reports should cover the reporting period of January 1, 2004*, through June 30, 2004. Please refer to the enclosed Filing Schedule or the instructions associated with the filing forms for more detailed questions.

Remember that once you have filed a Campaign Treasurer Appointment, CTA, you will continue to be subject to reporting requirements, regardless of whether you were elected, until you have filed a File Report form to record the termination of campaign activity. The Final Report form is the last page of the filing form.

If you need any additional forms not included in this packet or would like a copy of the Texas Ethics Commission Campaign Finance Guide for Judicial Candidates and Officeholders, you can access these items on the Texas Ethics Commission's web page at www.ethics.state.tx.us; from the Texas Ethics Commission in the Sam Houston Building, 201 East 14th Street; or in the Travis County Clerk's Election Division office, located at 5501 Airport Boulevard. Recent filings in the County Clerk's office are accessible on the Travis County web page at www.co.travis.tx.us/elections.

As always, the staff of the Elections Division of the Travis County Clerk's office will be happy to answer any questions. You can reach us at 854-4996. If your questions are of a legal nature, we suggest you contact the Texas Ethics Commission at 463-5800 since our office cannot provide legal advice. The Ethics Commission has attorneys on staff to assist you.

**The starting date is the latest of the following: 1) January 1, 2004; or 2) the date of campaign treasurer appointment (this date is only applicable for the first report filed after filing a campaign treasurer appointment). For officeholders recently appointed to an elective office, the beginning date for the first report will be the date the office holder took office, provided that he or she was not already filing as an officeholder or candidate at the time of the appointment.*

RECEIVED JP FIVE
TRAVIS COUNTY
JUN 21 A 10:28