# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6127

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: 24

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. FIRST: HERBERT MI: E.
NICKNAME: HERB LAST: EVANS SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 1302 West Ave., APT / SUITE #: CITY: Austin, STATE: Texas ZIP CODE: 78701

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512) PHONE NUMBER: 478-5245 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. FIRST: Joseph MI: A.
NICKNAME: Joe LAST: TURNER SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1504 West Ave., APT / SUITE #: CITY: Austin, STATE: Texas ZIP CODE: 78701

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 474 4842 EXTENSION:

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: 7 / 1 / 05 THROUGH Month Day Year: 12 / 31 / 05

11 ELECTION

ELECTION DATE: Month Day Year: 3 / 7 / 06

ELECTION TYPE: ☑ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Justice of Peace, Pct 5, Travis Co.

13 OFFICE SOUGHT (if known): Same

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 filers)

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) | $ 7200.00 |
| EXPENDITURE TOTALS | 3 | TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED | $ 0 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 14,172.10 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 6,626.37 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 19,113.20 |

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 day of JANUARY, 20 05 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

CAROLYN ADRIANA NOTARY PUBLIC STATE OF TEXAS EXPIRES OCTOBER 13, 2007

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 10 of 12

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission Use)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address, City, State, Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 9-28-05 | CHERIE BALLARD<br>107 RR 620 S., NO. 27-F<br>AUSTIN TX 78734 | 50.00 | |

9 Principal occupation / Job title (See Instructions): ATTORNEY

10 Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address, City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-18-05 | CARLOS H. BARRERA<br>1106 SAN ANTONIO AVE.<br>AUSTIN TX 78701 | 100.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address, City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-5-05 | MICHAEL M. BARRON<br>608 NUECES ST.<br>AUSTIN TX 78701 | 250.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address, City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 9-2-05 | ALLEN E. BELL<br>13517 BRIAR HOLLOW DR.<br>AUSTIN TX 78729 | 100.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address, City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-15-05 | BRIAN W. BISHOP<br>6103 NORTHERN DANCER DR.<br>AUSTIN TX 78746 | 100.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2 of 12

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor / 6 Contributor address: City, State, Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-6-05 | WILLIAM M. BLACKWOOD<br>9109 BELL MT<br>AUSTIN TX 78730 | 50.00 | |

9 Principal occupation / Job title (See instructions): ATTORNEY

10 Employer (See instructions):

| Date | Full name of contributor / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-5-05 | DAVID L. BOTSFORD<br>1307 WEST AVE.<br>AUSTIN TX 78701 | 100.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-18-05 | JUAN M. CANO<br>504 W. 7th ST.<br>AUSTIN TX 78701 | 50.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-5-05 | DOUGLAS G. CAROOM<br>3704 GREENWAY ST.<br>AUSTIN TX 78705 | 100.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 9-2-05 | FREDERICK P. COOGAN III<br>119 REDBUD TR.<br>AUSTIN TX 78746 | 50.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 30 of 12

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor / 6 Contributor address: City State Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-5-05 | JOE K. CREWS<br>1606 ROCKMOOR<br>AUSTIN TX 78703 | 50.00 | |

9 Principal occupation / Job title (See instructions): ATTORNEY

10 Employer (See instructions):

| Date | Full name of contributor / Contributor address: City State Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-12-05 | CARLA MARIA CRISFORD<br>PO BOX 3446<br>AUSTIN TX 78764 | 50.00 | |

Principal occupation / Job title (See instructions): ATTORNEY

Employer (See instructions):

| Date | Full name of contributor / Contributor address: City State Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 12-14-05 | CRAIG E. DAVIS<br>919 CONGRESS AVE, STE 450<br>AUSTIN TX 78701 | 175.00 | |

Principal occupation / Job title (See instructions): ATTORNEY

Employer (See instructions):

| Date | Full name of contributor / Contributor address: City State Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-18-05 | KRISTINA DAVIS-JONES<br>408 KENNISTON DR.<br>AUSTIN TX 78752 | 100.00 | |

Principal occupation / Job title (See instructions): ATTORNEY

Employer (See instructions):

| Date | Full name of contributor / Contributor address: City State Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-5-05 | ROBERT A. DENNISON III<br>2411 TRAIL OF MADRONES<br>AUSTIN TX 78746 | 250.00 | |

Principal occupation / Job title (See instructions): ATTORNEY / BUSINESSMAN

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 4 of 12

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor / 6 Contributor address, City, State, Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 11-29-05 | PAUL J. DUNHAM<br>2201 A EXPOSITION BLVD<br>AUSTIN TX 78703 | 500.00 | |

9 Principal occupation / Job title (See Instructions): ATTORNEY

10 Employer (See Instructions):

| Date | Full name of contributor / Contributor address, City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 9-29-05 | JAMES. C. ERICKSON<br>PO BOX 352<br>AUSTIN TX 78767 | 100.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor / Contributor address, City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 9-15-05 | JON THOMAS EVANS<br>806 W. 11th ST.<br>AUSTIN TX 78701 | 250.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor / Contributor address, City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-18-05 | ARNOLD A. GARCIA<br>504 W. 7th ST.<br>AUSTIN TX 78701 | 250.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor / Contributor address, City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-22-05 | ELOISA ONTIVEROS GARCIA<br>1306 E. 7th ST.<br>AUSTIN TX 78702 | 100.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 5 of 12

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor (☐ out-of-state PAC ID#) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 8/10/05 | GLEN C. GONNET<br>1300 GUADALUPE ST., STE 111<br>AUSTIN TX 78701 | 100.00 | |

9 Principal occupation / Job title (See Instructions): ATTORNEY

10 Employer (See Instructions):

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-18-05 | DAVID MARK GRASSBAUGH<br>PO BOX 684948<br>AUSTIN TX 78768 | 50.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-23-05 | CHRISTOPHER M. GUNTER<br>600 W. 9th ST.<br>AUSTIN TX 78701 | 250.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-16-05 | LYRA T. KALISH<br>7107 CREIGHTON LN<br>AUSTIN TX 78723 | 25.00 | |

Principal occupation / Job title (See Instructions): LEGAL ASSISTANT

Employer (See Instructions):

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-25-06 | PHILIP LERWAY<br>1741 SPYGLASS DR, # 203<br>AUSTIN TX 78746 | 100.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 6 of 12

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address: City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-8-05 | JOE K. LONGLEY<br>1609 SHOAL CREEK BLVD, #10D<br>AUSTIN TX 78701 | 100.00 | |

9 Principal occupation / Job title (See Instructions): ATTORNEY

10 Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-18-05 | HERIBERTO MARTINEZ<br>2101 S IH 35, STE. 201<br>AUSTIN TX 78741 | 250.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-18-05 | ROY Q. MINTON<br>1100 GUADALUPE ST.<br>AUSTIN TX 78701 | 250.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-18-05 | SERGIO MORENO<br>2005 E. 16th ST.<br>AUSTIN TX 78702 | 25.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 9-30-05 | CHRISTOPHER P. MORGAN<br>8812 TALLWOOD DR., #89<br>AUSTIN TX 78759 | 50.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7 of 12

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor (☐ out-of-state PAC ID#) / 6 Contributor address: City State Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-5-05 | ROBERT NOTZON<br>509 W. 16th ST.<br>AUSTIN TX 78701 | 100.00 | |

| 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
|---|---|
| ATTORNEY | |

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City State Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-29-05 | JORGE G. PINEDA<br>2211 S IH 35; STE 107<br>AUSTIN TX 78741 | 100.00 | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| ATTORNEY | |

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City State Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-18-05 | DON V. PLOEGER<br>304 SAMPSON<br>KYLE TX 78640 | 100.00 | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| ATTORNEY | |

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City State Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 11-15-05 | CHARLES D. POPPER<br>6409 GOULDVILLE CT<br>AUSTIN TX 78739 | 100.00 | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| ATTORNEY | |

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City State Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-16-05 | PHILIP R. PRESSE<br>819 1/2 W. 11th ST.<br>AUSTIN TX 78701 | 100.00 | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| ATTORNEY | |

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 A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 8 of 12

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor / 6 Contributor address: City: State Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-23-05 | DAVID H. REYNOLDS<br>1012 RIO GRANDE<br>AUSTIN TX 78701 | 50.00 | |

9 Principal occupation / Job title (See Instructions): ATTORNEY
10 Employer (See Instructions):

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 9-2-05 | DANIEL R. RICHARDS<br>823 CONGRESS AVE, STE 706<br>AUSTIN TX 78701 | 100.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY
Employer (See Instructions):

| Date | Full name of contributor / Contributor address: City: State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-24-05 | BOB RICHARDSON<br>812 SAN ANTONIO, STE 300<br>AUSTIN TX 78701 | 500.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY
Employer (See Instructions):

| Date | Full name of contributor / Contributor address: City: State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 9-25-05 | DAVID W. ROBERTSON<br>727 E. DEAN KEETON<br>AUSTIN TX 78705 | 50.00 | |

Principal occupation / Job title (See Instructions): PROFESSOR
Employer (See Instructions):

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-10-05 | LLOYD ROBLES<br>5205 AIRPORT BLVD, STE 100 | 50.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY
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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 9 of 12

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission Filer):

| 4 Date | 5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address, City, State, Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-5-05 | WILLIAM M. RUGELEY<br>120 W. HOPKINS ST<br>SAN MARCOS TX 78666 | 50.00 | |

9 Principal occupation / Job title (See Instructions): ATTORNEY

10 Employer (See Instructions):

| Date | Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address, City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 11-8-05 | LYNN E. SANDERS<br>919 CONGRESS AVE, STE 450<br>AUSTIN TX 78701 | 50.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address, City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-16-05 | ROBB WILLIAM SHEPHARD<br>PO BOX 2526<br>AUSTIN TX 78768 | 100.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address, City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-11-05 | JAMES SHORT<br>4606 S 2nd ST.<br>AUSTIN TX 78745 | 200.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address, City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-9-05 | MARY KAY SICOLA<br>707-B W LYNN ST.<br>AUSTIN TX 78703 | 100.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 10 of 12

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission file's)

| 4 Date | 5 Full name of contributor (☐ out-of-state PAC ID#) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-9-05 | GEORGE B. SLADE<br>3660 STONERIDGE BLDG B102<br>AUSTIN TX 78746 | 100.00 | |

9 Principal occupation / Job title (See Instructions): ATTORNEY

10 Employer (See Instructions):

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-18-05 | SMITH<br>2101 IH 35 S, STE. 402<br>AUSTIN TX 78741 | 150.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 12-19-05 | MALCOM C. SMITH<br>808 W 11th ST.<br>AUSTIN TX 78701 | 100.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-23-05 | PHILIP LAWRENCE SPIES<br>6000 MESSENGER STAKES<br>AUSTIN TX 78746 | 100.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor (☐ out-of-state PAC ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-10-05 | JOHN N. STARK<br>1401 POSSUM TROT<br>AUSTIN TX 78703 | 100.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 11 of 12

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor / 6 Contributor address: City: State Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-5-05 | CLAY STRANGE<br>106 E. 6th ST, STE 900<br>AUSTIN TX 78701 | 50.00 | |

9 Principal occupation / Job title (See Instructions): ATTORNEY

10 Employer (See Instructions):

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-18-05 | BRIAN K TILLMAN<br>4800 WEST PARK<br>AUSTIN TX 78731 | 25.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-21-05 | BRADLEY GENE URRUTIA<br>611 S. CONGRESS, STE. 340<br>AUSTIN TX 78701 | 250.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-18-05 | ANTONIO WEHNES<br>1602 E 7th ST.<br>AUSTIN TX 78702 | 250.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-5-05 | JOHN MARK WESTENHOVER<br>404 W. 13th ST.<br>AUSTIN TX 78701 | 250.00 | |

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 12 of 12

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID# ) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 8-9-05 | DAIN P WHITWORTH<br>507 W 10th ST<br>AUSTIN TX 78701 | 100.00 | |

9 Principal occupation / Job title (See instructions): ATTORNEY

10 Employer (See instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID# ) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | | | |

Principal occupation / Job title (See instructions): Employer (See instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID# ) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | | | |

Principal occupation / Job title (See instructions): Employer (See instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID# ) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | | | |

Principal occupation / Job title (See instructions): Employer (See instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID# ) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | | | |

Principal occupation / Job title (See instructions): Employer (See instructions):

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# PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B: 1

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 / Job title (See Instructions) 11 Employer (See Instructions)

| 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 / Job title (See Instructions) Employer (See Instructions)

| 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 / Job title (See Instructions) Employer (See Instructions)

| 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 / Job title (See Instructions) Employer (See Instructions)

| 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 / 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: 1

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan

6 Is lender a financial Institution? Y N

7 Name of lender ☐ out-of-state PAC (ID#: _____)

8 Lender address; City; State; Zip Code

NONE

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☐ none

15 GUARANTOR INFORMATION ☐ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan

Is lender a financial Institution? Y N

Name of lender ☐ out-of-state PAC (ID#: _____)

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 4

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 7/11/05 | MESSAGE, AUDIENCE & PRESENTATION<br>2400 S. 4th St., AUSTIN, TX 78704 | $6672.00 |

8 Purpose of payment (See instructions regarding type of information required.) Campaign Literature, Fundraising Invitations, Printing & Postage

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 8/9/05 | CAPITAL AREA DEMOCRATIC WOMEN'S CLUB<br>P.O. BOX 12962<br>AUSTIN, TEXAS 78711 | $100.00 |

Purpose of payment (See instructions regarding type of information required.) SPONSORSHIP OF AWARDS BANQUET

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 8/9/05 | AUSTIN AFL-CIO | $115.00 |

Purpose of payment (See instructions regarding type of information required.) ADVERTISING – LABOR DAY PROGRAM

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 8/15/05 | H.E.B. GROCERY STORE 459-6573<br>7015 Village Ctr Dr.<br>Austin, TX 78731 | $193.71 |

Purpose of payment (See instructions regarding type of information required.) FOOD TRAYS 8/18/05 FUNDRAISER

•• 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 4

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission Filer)

| 4 Date | 5 Payee name / 6 Payee address: City: State: Zip Code | 7 Amount ($) |
|---|---|---|
| 8/25/05 | HISPANIC BAR ASSOCIATION CHARITABLE FUND | $80.00 |

8 Purpose of payment (See instructions regarding type of information required.): 2 tickets to BANQUET

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

| Date | Payee name / Payee address: City: State: Zip Code | Amount ($) |
|---|---|---|
| 8/18/05 | RACHEL RENDEIRA | $60.00 |

Purpose of payment (See instructions regarding type of information required.): FOOD SERVICE AT 8/18/05 FUNDRAISER

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

| Date | Payee name / Payee address: City: State: Zip Code | Amount ($) |
|---|---|---|
| 8/18/05 | LARKIN CAMPBELL | $75.00 |

Purpose of payment (See instructions regarding type of information required.): FOOD SERVICE AT 8/18/05 FUNDRAISER

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

| Date | Payee name / Payee address: City: State: Zip Code | Amount ($) |
|---|---|---|
| 8/18/05 | LEON GRIZZARD<br>1012 RIO GRANDE<br>AUSTIN, TEXAS 78701 | $100.00 |

Purpose of payment (See instructions regarding type of information required.): MUSICIAN - FUNDRAISER

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

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# POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 4

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Payee name / 6 Payee address; City State Zip Code | 7 Amount ($) |
|---|---|---|
| 8/18/05 | POLK SHELTON<br>611 W. 14th St.<br>AUSTIN, TEXAS 78701 | $100.00 |

8 Purpose of payment (See instructions regarding type of information required.): MUSICIAN - FUNDRAISER

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

| Date | Payee name / Payee address; City, State, Zip Code | Amount ($) |
|---|---|---|
| 9/14/05 | JOSEPH A. TURNER<br>1504 WEST AVE.<br>AUSTIN, TEXAS 78701 | $37.84 |

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR ICE - FUNDRAISER

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

| Date | Payee name / Payee address; City, State, Zip Code | Amount ($) |
|---|---|---|
| 9/5/05 | ERIN JOHNSON | $330.00 |

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

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

| Date | Payee name / Payee address; City, State, Zip Code | Amount ($) |
|---|---|---|
| 9/24/05 | South Austin Democrats<br>1501 Barton Springs #233<br>AUSTIN, TEXAS 78704 | $125.00 |

Purpose of payment (See instructions regarding type of information required.): SPONSOR 10/4/05 AWARDS CEREMONY

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

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# POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 of 4

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 11/21/05 | CAROLYN ADAIR<br>2309 B WEST OAK Dr<br>AUSTIN 78704 | $ 40.00 |

8 Purpose of payment (See instructions regarding type of information required.): SECRETARIAL/NOTARIAL SERVICES

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/22/05 | HERBERT EVANS<br>1302 WEST AVE.<br>AUSTIN, TEXAS 78701 | $ 4940.00 |

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR PAYMENT TO MESSAGE, AUDIENCE & PRESENTATION - CAMPAIGN CONSULTING & LITERATURE & POSTAGE

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/22/05 | TRAVIS COUNTY DEMOCRATIC PARTY | $ 1000.00 |

Purpose of payment (See instructions regarding type of information required.): FILING FEE - JP5

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

| Date | Payee name / Payee 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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1 of 2

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission Filers)

| 4 Date | 5 Payee name / 6 Payee address: City; State; Zip Code | 7 Purpose of expenditure (See instructions regarding type of information required.) | 8 Amount ($) | Reimbursement from political contributions intended |
|---|---|---|---|---|
| 8/15/05 | CENTENNIAL PACKAGE STORE #1<br>2932 GUADALUPE ST.<br>AUSTIN, TEXAS 78705 | WINE FOR FUNDRAISER | $ 43.26 | ✓ |
| 8/15/05 | WHOLE FOODS MARKET<br>525 N. LAMAR BLVD<br>AUSTIN, TEXAS 78703 | FOOD FOR FUNDRAISER | $ 54.29 | ✓ |
| 8/16/05 | CENTRAL MARKET<br>4001 N. LAMAR BLVD<br>AUSTIN, TEXAS 78756 | FOOD FOR FUNDRAISER | $ 42.69 | ✓ |
| 8/17/05 | H.E.B GROCERY STORE | FOOD FOR FUNDRAISER | $ 22.52 | ✓ |
| 8/18/05 | WHOLE FOODS MARKET<br>525 N. LAMAR BLVD<br>AUSTIN, TEXAS 78703 | FOOD FOR FUNDRAISER | $ 40.79 | ✓ |

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 of 2

2 FILER NAME: HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address: City: State: Zip Code | 7 Purpose of expenditure (See instructions regarding type of information required.) | 8 Amount ($) |
|---|---|---|---|
| 12/22/05 | MESSAGE, AUDIENCE & PRESENTATION<br>2400 S. 4TH ST., AUSTIN, TEXAS 78704 | CAMPAIGN CONSULTING & LITERATURE & POSTAGE | $4940.00 (ALREADY REPAID)<br>☑ Reimbursement from political contributions intended |
| Date | Payee name<br>Payee address: City: State: Zip Code | Purpose of expenditure (See instructions regarding type of information required.) | Amount ($)<br>☐ Reimbursement from political contributions intended |
| Date | Payee name<br>Payee address: City: State: Zip Code | Purpose of expenditure (See instructions regarding type of information required.) | Amount ($)<br>☐ Reimbursement from political contributions intended |
| Date | Payee name<br>Payee address: City: State: Zip Code | Purpose of expenditure (See instructions regarding type of information required.) | Amount ($)<br>☐ Reimbursement from political contributions intended |
| Date | Payee name<br>Payee address: City: State: Zip Code | Purpose of expenditure (See instructions regarding type of information required.) | Amount ($)<br>☐ 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: 1

2 FILER NAME HERIBERT EVANS

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Business name / 6 Business address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| | 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 / 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: 1

2 FILER NAME HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers)

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

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