

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6327

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:

11

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received

Date Hand-delivered Date Mailed

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS (PO BOX, APT, SUITE #, CITY, STATE, ZIP CODE)
1302 WEST AVE., AUSTIN, TEXAS 78701

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 478-5245

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), 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 6th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
1 / 1 / 06 THROUGH 6 / 30 / 06

11 ELECTION

ELECTION DATE: Month Day Year: Nov / / 2006
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
Justice of Peace, Prec 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)

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

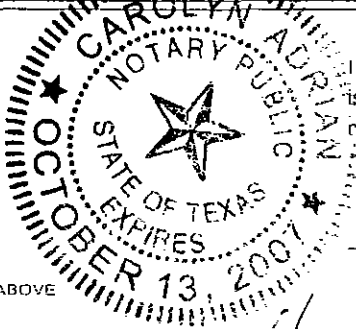
COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 235 ⁰⁰
	EXPENDITURE TOTALS	
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 903 ⁰⁰
	CONTRIBUTION BALANCE	
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5918 ³⁷	
OUTSTANDING LOAN TOTALS		
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF 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.



Herbert Evans
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Herbert Evans, this the 17 day of July, 2006, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Carolyn Adriaan
Printed name of officer administering oath

Notary Public
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: 1

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

4 Date <u>1/6/06</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>PAMELA S. LANCASTER</u>	7 Amount of contribution (\$) <u>\$ 100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <u>1103 Nueces St. Austin, Texas 78701</u>			

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

Date <u>5/9/06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>BRUCE ELFANT</u>	Amount of contribution (\$) <u>\$ 135.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>4522 AVENUE F Austin 78751</u>			

Principal occupation / Job title (See Instructions): CONSTABLE Employer (See Instructions): TRAVIS COUNTY

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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

1

2 FILER NAME

HERBERT EVANS

3 ACCOUNT # (Ethics Commission #ers)

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)

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 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
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 3

2 FILER NAME
HERBERT EVANS

3 ACCOUNT # (Ethics Commission files)

4 Date
1/13/06

5 Payee name
AUSTIN WOMEN'S POLITICAL CAUCUS
6 Payee address: City: State: Zip Code
P.O. Box 12383, AUSTIN, TEXAS 78711

7 Amount (\$)
\$65.00

8 Purpose of payment (See instructions regarding type of information required.)
2006 DUES

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

Date
1/20/06

Payee name
ERIN JOHNSON
Payee address: City: State: Zip Code

Amount (\$)
\$150.00

Purpose of payment (See instructions regarding type of information required.)
RECORD KEEPING & CLERICAL

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

Date
1/23/06
~~3/10/06~~

Payee name
TRAVIS COUNTY DEMOCRATIC PARTY
Payee address: City: State: Zip Code

Amount (\$)
\$250.00

Purpose of payment (See instructions regarding type of information required.)
SPONSORSHIP - FILING DAY BANQUET

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

Date
3/10/06

Payee name
BRUCE ELFANT
Payee address: City: State: Zip Code
4522 AVENUE F
AUSTIN 78751

Amount (\$)
\$63.00

Purpose of payment (See instructions regarding type of information required.)
REIMBURSE 1/2 COST OF DONUTS for Primary POLL WORKERS

.. 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 3
2 FILER NAME HERBERT EVANS		3 ACCOUNT # (Ethics Commission files)
4 Date 4/18/06	5 Payee name COMMISSIONER MARGARET GOMEZ - Cinco de Mayo Fest	7 Amount (\$) \$50.00
6 Payee address: City: State: Zip Code 5th Floor 314 W. 11th Austin 78701		
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship of 5/5/06 Cinco de Mayo Festival		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/18/06	Payee name JUDGE SAM BISCOE JUNETEENTH CELEBRATION FUND	Amount (\$) \$50.00
Payee address: City: State: Zip Code 5th Floor 314 W. 11th Austin 78701		
Purpose of payment (See instructions regarding type of information required.) Sponsorship of 6/19/06 Juneteenth Festival		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/21/06	Payee name ERIN JOHNSON	Amount (\$) \$50.00
Payee address: City: State: Zip Code		
Purpose of payment (See instructions regarding type of information required.) SECRETARIAL / CLERICAL		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/6/06	Payee name NEWSPAPERS IN EDUCATION	Amount (\$) \$125.00
Payee address: City: State: Zip Code c/o Austin American-Statesman 305 S. Congress Austin 78767		
Purpose of payment (See instructions regarding type of information required.) Sponsorship of Newspaper Subscription for students		** 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 of 3

2 FILER NAME
HERBERT EVANS

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/21/06	5 Payee name BRUCE ELFANT'S ICE CREAM SOCIAL	7 Amount (\$) \$ 100.00
6 Payee address: City, State, Zip Code 4522 AVENUE F AUSTIN 78751		

8 Purpose of payment (See instructions regarding type of information required.) SPONSOR ANNUAL POLITICAL CHARITABLE FUNDRAISER	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.)	** 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.)	** 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.)	** 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

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 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

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:

1

2 FILER NAME

HERBERT EVANS

3 ACCOUNT # (Ethics Commission files)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED