

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6436

**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 FIRST MI Mr. HERBERT E. NICKNAME LAST SUFFIX HERB EVANS	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 1302 West Avenue, Austin, Texas, 78701	Date Received 2007 JAN 11 Date Hand-Delivered or Date Postmarked JAN 11 11:22 AM '07 Receipt # Amount Date Processed Date Indexed	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 478-5245	RECEIVED CLERK COUNTY CLERK TRAVIS COUNTY TEXAS PROOF	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. JOSEPH A. NICKNAME LAST SUFFIX JOE TURNER		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #, CITY, STATE, ZIP CODE 1504 West Avenue, Austin, Texas, 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 474-4892		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Final report (All but C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 29 / 06 12 / 31 / 06		
11 ELECTION	ELECTION DATE Month Day Year 11 / 7 / 06	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 <input type="checkbox"/> Multiple entries	** 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		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME HERBERT EVANS		3 ACCOUNT # (Ethics Commission files)	
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		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
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 / Job title (See Instructions)		Employer (See Instructions)	
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 / Job title (See Instructions)		Employer (See Instructions)	
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 / Job title (See Instructions)		Employer (See Instructions)	
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 / 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 file#)

4 TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄

\$

5 Date of loan

7 Name of lender

out-of-state PAC (Dr. _____)

9 Loan Amount (\$)

6 Is lender a financial institution?
Y N

8 Lender address City: State: Zip Code

10 Interest rate

NONE

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

included party

17 Guarantor address: City: State: Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

out-of-state PAC (Dr. _____)

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

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

included party

Guarantor address: City: State: Zip Code

Principal Occupation

Employer

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: **1**

2 FILER NAME

HERBERT EVANS

3 ACCOUNT # (Ethics Commission Use)

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

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

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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 Use)

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.)		
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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**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T 1
2 FILER NAME HERBERT EVANS		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee NONE		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
12 Dates of travel	13 Name of person(s) traveling	
	14 Departure city or name of departure location	
	15 Destination city or name of destination location	
16 Means of transportation	17 Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
18 Dates of travel	19 Name of person(s) traveling	
	20 Departure city or name of departure location	
	21 Destination city or name of destination location	
22 Means of transportation	23 Purpose of travel (including name of conference, seminar, or other event)	

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