

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8216

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:
32

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr. Herbert E.
NICKNAME LAST SUFFIX
Herb EVANS

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
*1302 West Avenue
Austin, Texas 78701*

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 472-2733

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) 479-4892

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
7 / 1 / 2013 12 / 31 / 2013

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
3 / 4 / 2014

12 OFFICE

OFFICE HELD (if any)
*Justice of the Peace, Pct 5
Travis County*

13 OFFICE SOUGHT (if known)
*Justice of the Peace, Pct. 5
Travis County*

OFFICE USE ONLY

Date Received: *JAN 15 2014*

Date Hand-delivered or Postmarked: _____

Receipt # _____ Amount _____

Date Processed: _____

Date Imaged: _____

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME <i>Herbert E. Evans</i>	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <i>None</i>
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>11,545.00</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>7,521.90</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>28,879.12</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>39,902.56</i>

18 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 E. Evans

Signature of Candidate or Officeholder

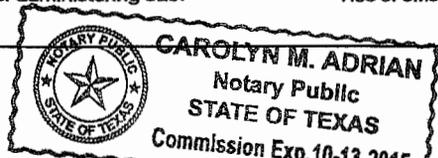
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Herbert E. Evans*, this the *14* day of *JAN*, 20 *14*, to certify which, witness my hand and seal of office.

[Signature] _____
Signature of officer administering oath

Carolyn M. Adrian
Printed name of officer administering oath

NOTARY
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: <i>pg 1 of 20</i>	
2 FILER NAME <i>Herbert E. Evans</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8-29-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Charlie Baird</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2312 Western Trails Blvd, Suite 102-A Austin, Texas 78745</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>8-29-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Carlos H. Barrera</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4007 Eton Lane Austin, Tx 78727</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Judge, County Court at Law #8</i>		Employer (See Instructions) <i>Travis County</i>	
Date <i>8-16-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Henry N. Bell III</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6000 N. Lamar #210 Austin, Tx. 78752</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8-19-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert Black</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>500 W. 16th St. Ste. 120 Austin, Tx. 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8-29-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ben Blackburn</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1106 San Antonio St. Austin, Tx. 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: <i>pg 2 of 20</i>	
2 FILER NAME <i>Herbert E. Evans</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8-14-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Betty Blackwell</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1306 Nueces St. Austin, Tx. 78701</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>8-29-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Betty Blackwell</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1306 Nueces St. Austin, Tx. 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8-15-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Leslie J. Boykin</i>	Amount of contribution (\$) <i>75.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>404 West 13th Street Austin, Tx. 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>10-7-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Frank Bryan</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>610 Brazas St., Suite 660 Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8-13-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Oscar Buitron</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>505 W. 12th St., Ste. 204 Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	

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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:

pg 3 of 20

2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-29-13

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

Gary Cobb

6 Contributor address; City; State; Zip Code

*4325 Triboro Trail
Austin, Tx. 78749*

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Travis County, District Attorney

Date

8-13-13

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

Rosemary Cottman

Contributor address; City; State; Zip Code

*2503 Bowman Ave
Austin, Tx 78703*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

8-29-13

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

Jim Coronado

Contributor address; City; State; Zip Code

*5602 Palisade Ct.
Austin, Tx 78731*

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Judge, 427th Criminal District Court

Employer (See Instructions)

Travis County, State of Texas

Date

8-21-13

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

Jim Cousar

Contributor address; City; State; Zip Code

*1110 W. 7th Street
Austin, Tx 78703*

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Thompson & Knight LLP

Date

8-21-13

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

Cecilia Crossley

Contributor address; City; State; Zip Code

*3100 Catalina Dr.
Austin, Tx 78741*

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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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:

pg 4 of 20

2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-29-13

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

Karin Crump

6 Contributor address; City; State; Zip Code

*47 Waterfall Dr.
Austin, TX 78738*

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Self

Date

8-13-13

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

Craig Davis

Contributor address; City; State; Zip Code

*3411 Hillview Rd
Austin, TX 78703*

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

8-10-13

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

Ron Davis

Contributor address; City; State; Zip Code

*P.O. Box 16665
Austin, TX 78761*

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Commissioner Court, Pct. 1

Employer (See Instructions)

Travis County

Date

8-18-13

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

Robert Dennison

Contributor address; City; State; Zip Code

*2411 Trail of Madrones
Austin, TX 78746*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

8-19-13

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

Joe Dibrell

Contributor address; City; State; Zip Code

*2107 Griswold Ln
Austin, TX 78703*

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired Judge

Employer (See Instructions)

Retired

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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:

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2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-20-13

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

Lloyd Doggett

6 Contributor address; City; State; Zip Code

*P.O. Box 5843
Austin, TX 78763*

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Congressman

10 Employer (See Instructions)

United States Congress

Date

8-24-13

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

Chris Dorbandt

Contributor address; City; State; Zip Code

*603 W. 12th St.
Austin, TX 78701*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

8-24-13

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

Claude E. Ducloux

Contributor address; City; State; Zip Code

*3512 Native Dancer Cove
Austin, TX 78746*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

8-14-13

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

Paul Dunham

Contributor address; City; State; Zip Code

*1800 Guadalupe St.
Austin, TX 78701*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

8-29-13

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

Eva Eakin

Contributor address; City; State; Zip Code

*821 W. 11th St.
Austin, TX 78701*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: <i>Pg 6 of 20</i>	
2 FILER NAME <i>Herbert E. Evans</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8-29-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bruce Elfant</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4522 Avenue F Austin, TX 78751</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Tax Assessor-Collector</i>		10 Employer (See Instructions) <i>TRAVIS County</i>	
Date <i>9-26-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Ellen Felps</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 49339 Austin, TX 78765</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8-14-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fitzgerald & Meissner, P.C.</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>812 San Antonio St., Ste. 400 Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8-29-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrew Forsythe</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1100 West Avenue Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8-23-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bruce S. Fox</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>404 West 13th Street Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	

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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: <i>pg 7 of 20</i>	
2 FILER NAME <i>Herbert E. Evans</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8-14-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Phillip Friday</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1100 Guadalupe St. Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>8-23-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fred Fuchs</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10905 Sierra Verde Trail Austin, Tx. 78759</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Texas Rio Grande Legal Aid</i>	
Date <i>8-29-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alberto Garcia</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1715 S. 1st St. Austin, Tx 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8-30-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heidi Gibbons</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>613 Hearn St. Austin, Tx. 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Non-Profit official</i>		Employer (See Instructions) <i>Council for at Risk Youth</i>	
Date <i>8-29-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raul Gonzalez</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1109 Blair Way Austin, Tx. 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Justice of the Peace, Pct. 4</i>		Employer (See Instructions) <i>Travis County</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: Pg 8 of 20	
2 FILER NAME Herbert E. Evans		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-29-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Gray	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1300 S. Pleasant Valley Apt. 229 Austin, Tx 78741		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Administrative Assistant		10 Employer (See Instructions) Peak Performers	
Date 8-16-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Green	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7114 Meadowood Dr. Austin, Tx 78723		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 10-16-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuck Brisson	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 604 W. 12th St. Austin, Tx 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 8-29-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leon Grizzard	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1008 Maufrais St. Austin, Tx 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Magistrate		Employer (See Instructions) Travis County	
Date 8-13-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunter & Bennett, P.C.	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 W. 9th St. Austin, Tx 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions) Self	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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:
pg 9 of 20

2 FILER NAME
Herbert E. Evans

3 ACCOUNT # (Ethics Commission Filers)

4 Date
9-5-13

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

Mark L. Hawkins
6 Contributor address; City; State; Zip Code
*100 Congress Avenue, Suite 1300
Austin, Texas 78701*

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Armbrust + Brown, PLLC

Date
8-29-13

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

Diane M. Henson
Contributor address; City; State; Zip Code
*908 Terrace Mountain Dr.
Austin, Tx 78746*

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

Date
8-29-13

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

Sally Hernandez
Contributor address; City; State; Zip Code
*2712 Bobby Lane
Austin, Tx 78745*

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Constable Pct. 3

Employer (See Instructions)
Travis County

Date
8-29-13

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

Chuck Herring Jr.
Contributor address; City; State; Zip Code
*1204 Castle Hill St.
Austin, Tx 78703*

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

Date
8-13-13

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

Allen Hill
Contributor address; City; State; Zip Code
*400 W. 15th St., Ste 808
Austin, Tx 78701*

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

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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:
pg 11 of 20

2 FILER NAME
Herbert E. Evans

3 ACCOUNT # (Ethics Commission Filers)

4 Date
8-27-13

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

7 Amount of contribution (\$)
25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
*11028 Mint Julep Dr.
Austin, TX 78748*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Self

Date
8-28-13

Full name of contributor out-of-state PAC (ID#: _____)
Scott R. Kidd

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*819 W. 11th Street
Austin, TX 78701*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

Date
9-6-13

Full name of contributor out-of-state PAC (ID#: _____)
Anne T. Kohler

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*3902 Idlewild Rd.
Austin, TX 78731*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
8-29-13

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

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*1301 Rio Grande St.
Austin, TX 78701*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

Date
8-29-13

Full name of contributor out-of-state PAC (ID#: _____)
John H. Lipscombe

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*6600 Mesa Drive
Austin, TX 78731*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Judge, County Court at Law #3

Employer (See Instructions)
Travis County

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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: <i>pg 12 of 20</i>	
2 FILER NAME <i>Herbert E. Evans</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8-29-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos Lopez</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>10305 James Ryan way Austin, Tx. 78730</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Constable Pct. 5</i>		10 Employer (See Instructions) <i>Travis County</i>	
Date <i>8-15-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricardo Maldonado</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>812 San Antonio St., Ste. 118 Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8-29-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Mange</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7104 Spurlock Dr. Austin, Tx 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>9-3-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Manos</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1601 Rio Grande St., Ste 520 Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8-14-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heriberto ed Martinez</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2101 S. IH 35, Ste. 500 Austin, Tx 78741</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	

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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: <i>pg 13 of 20</i>	
2 FILER NAME <i>Herbert E. Evans</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8-19-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Catherine A. Mauley</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1717 W. 6th St. Suite 315 Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>8-19-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill McAfee</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4831 Timberline Dr. Austin, Tx 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>	
Date <i>8-19-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donna Beth McCormick</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5703 Shoalwood Ave Austin, Tx 78756</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Civil Volunteer</i>		Employer (See Instructions) <i>Self</i>	
Date <i>10-16-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark McCrimmon</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>704 West 9th St. Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8-29-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Minton, Burton Bassett & Collins, P.C.</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1100 Guadalupe St. Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions) <i>Self</i>	

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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:

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2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-23-13

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

Becky Moeller

6 Contributor address; City; State; Zip Code

625 E. Stassney Lane #8101

Austin, TX 78745

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Labor Representative

10 Employer (See Instructions)

TX AFL-CIO

Date

8-13-13

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

E. G. Morris

Contributor address; City; State; Zip Code

608 W. 12th St., Suite B

Austin, TX 78701

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

8-29-13

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

E. G. Morris

Contributor address; City; State; Zip Code

608 W. 12th St., Suite B

Austin, TX 78701

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

8-29-13

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

Aaron Mueller

Contributor address; City; State; Zip Code

605 W. 10th St.

Austin, TX 78701

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Granger and Mueller, P.C.

Date

8-29-13

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

Robert Notzon

Contributor address; City; State; Zip Code

1502 West Ave

Austin, TX 78701

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

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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: <i>Pg 15 of 20</i>	
2 FILER NAME <i>Herbert E. Evans</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8-30-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom O'Leary</i>	7 Amount of contribution (\$) <i>25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1010 MoPac Circle #201 Austin, Tx 78746</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>8-31-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William T. Peckham</i>	Amount of contribution (\$) <i>75.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1104 Nueces St., Suite 104 Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8-29-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Perkins</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2633 Deertoot Trl Austin, Tx 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired District Judge</i>		Employer (See Instructions) <i>Self</i>	
Date <i>11-14-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris Perri</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1504 West Avenue Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8-16-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Piazza & Ottaviano, PLLC</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3636 Executive Center Dr., ste 660 Bldg. 8 Austin, Tx 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions) <i>Piazza & Ottaviano, PLLC</i>	

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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: <i>pg 16 of 20</i>	
2 FILER NAME <i>Herbert E. Evans</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8-13-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gary Prust</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1607 Nueces Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>8-29-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Quinzi</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>707 W. 10th St. Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8-23-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sharlenn M. Roe</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>808 W. 11th St. Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8-24-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alice Simon</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11113 County Down Dr. Austin, Tx 78747</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>	
Date <i>8-14-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ed. Small</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>100 Congress Ave., ste. 1100 Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Jackson Walker</i>	

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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: <i>pg 17 of 20</i>	
2 FILER NAME <i>Herbert E. Evans</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9-3-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Craig Smith</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1908 Barton Parkway Austin, Tx 78704</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>Travis County Attorney</i>	
Date <i>8-24-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>David Smith</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 537 Austin, Tx 78767</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>9-15-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Scott C. Smith</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>702 Rio Grande St. Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8-21-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Karen Sonleitner</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1712 Pasadena Dr. Austin, Tx 78757</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Sr. Planner</i>		Employer (See Instructions) <i>Travis County</i>	
Date <i>8-29-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Helen C. Spear</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4200 Jackson Ave #5005 Austin, Tx 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>	

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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:

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2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-16-13

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

Franklin Scott Spears Jr.

6 Contributor address; City; State; Zip Code

*P.O. Box 160580
Austin, Tx 78716*

7 Amount of contribution (\$)

150.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Arenson & Spears

Date

8-20-13

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

Broadus A. Spivey

Contributor address; City; State; Zip Code

*48 East Avenue
Austin, Tx 78701*

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

8-13-13

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

Robert Swafford

Contributor address; City; State; Zip Code

*2003 S. Lamar Suite 8
Austin, Tx 78704*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

8-29-13

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

Robert Swafford

Contributor address; City; State; Zip Code

*2003 S. Lamar Suite 8
Austin, Tx 78704*

Amount of contribution (\$)

75.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

8-26-13

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

Walter Timberlake

Contributor address; City; State; Zip Code

*2006 Boulder Ave
Austin, Tx 78704*

Amount of contribution (\$)

30.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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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: pg 19 of 20	
2 FILER NAME Herbert E. Evans		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-13-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur Troilo	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 700 E. 11th Suite 103 Austin, Tx 78701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	
Date 8-29-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph A. Turner	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1504 West Avenue Austin, Tx 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 8-21-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Turro	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 404 West 13th street Austin, Tx 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 9-12-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William S. Warren	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1011 Westlake Dr. Austin, Tx 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 8-29-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberley A. Williams	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 307 Bulian Ln Austin, Tx 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Travis County District Attorney	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: <i>pg 20 of 20</i>
-----------------------------------------------------------	-------------------------------------------------

2 FILER NAME <i>Herbert E. Evans</i>	3 ACCOUNT # (Ethics Commission Filers)
-----------------------------------------	----------------------------------------

4 Date <i>10-8-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sylvia Williams</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 151944 Austin, Tx 78715</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) <i>Attorney</i>	10 Employer (See Instructions) <i>Self</i>
--------------------------------------------------------------------------	-----------------------------------------------

Date <i>9-4-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Yeager</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1012 Rio Grande St. Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) <i>Attorney</i>	Employer (See Instructions) <i>Self</i>
------------------------------------------------------------------------	--------------------------------------------

Date <i>8-29-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dan Ross, dba Allan House</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable) <i>The use of the Allan House for the event</i>
Contributor address; City; State; Zip Code <i>1104 San Antonio Austin, Tx 78701</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) <i>Attorney</i>	Employer (See Instructions) <i>Self</i>
------------------------------------------------------------------------	--------------------------------------------

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		(If travel outside of Texas, complete Schedule T)	

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		(If travel outside of Texas, complete Schedule T)	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 E. Evans 3 ACCOUNT # (Ethics Commission Filers)

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

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>None</u>	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

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

(If travel outside of Texas, complete Schedule T)

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

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

(If travel outside of Texas, complete Schedule T)

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

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

(If travel outside of Texas, complete Schedule T)

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

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

(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: <i>1</i>
2 FILER NAME <i>Herbert E. Evans</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan <i>12-30-13</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Herbert E. Evans</i>	9 Loan Amount (\$) <i>7,500.00</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>1302 West Avenue Austin, Tx 78701</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Justice of the Peace, Pct. 5</i>		13 Employer (See Instructions) <i>Travis County</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
19 Amount Guaranteed (\$)		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>12-30-13</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Herbert E. Evans</i>	Loan Amount (\$) <i>7,500.00</i>
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <i>1302 West Avenue Austin, Tx 78701</i>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) <i>Justice of the Peace, Pct. 5</i>		Employer (See Instructions) <i>Travis County</i>
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Amount Guaranteed (\$)		
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>Pg 1 of 2</i>	2 FILER NAME <i>Herbert E. Evans</i>	3 ACCOUNT # (Ethics Commission Filers)
-----------------------------------------------	-----------------------------------------	----------------------------------------

4 Date <i>7-8-13</i>	5 Payee name <i>The Allan House</i>
-------------------------	----------------------------------------

6 Amount (\$) <i>300.00</i>	7 Payee address; City; State; Zip Code <i>1104 San Antonio Austin, Tx 78701</i>
--------------------------------	----------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Cleaning charge for facility</i>
--------------------------	------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

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

Date <i>7-9-13</i>	Payee name <i>Austin AFL-CIO Council</i>
-----------------------	---------------------------------------------

Amount (\$) <i>145.00</i>	Payee address; City; State; Zip Code <i>1106 Lavaca St. Ste. 200 Austin, Tx 78701</i>
------------------------------	----------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Labor Day Program Event</i>
------------------------	--------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

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

Date <i>8-6-13</i>	Payee name <i>State Bar of Texas</i>
-----------------------	-----------------------------------------

Amount (\$) <i>78.56</i>	Payee address; City; State; Zip Code <i>1414 Colorado Austin, Tx 78711</i>
-----------------------------	-----------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Purchased a list of attorneys for mail out</i>
------------------------	--------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

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

Date <i>8-29-13</i>	Payee name <i>Polk Shelton</i>
------------------------	-----------------------------------

Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>600 Little Oak Dr. Austin, Tx 78753</i>
------------------------------	----------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>To provide music for event</i>
------------------------	--------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>pg 2 of 2</i>	2 FILER NAME <i>Herbert E. Evans</i>	3 ACCOUNT # (Ethics Commission Filers)
------------------------------------------------------	------------------------------------------------	-----------------------------------------------

4 Date <i>11-18-13</i>	5 Payee name <i>Travis County Democratic Party</i>
----------------------------------	--------------------------------------------------------------

6 Amount (\$) <i>1,000.00</i>	7 Payee address; City; State; Zip Code <i>1311 E. 6th St. Ste. B Austin, Tx. 78702</i>
-----------------------------------------	------------------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fees</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Filing Fee</i>
---------------------------------	----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

9 Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>pg 1 of 2</i>	2 FILER NAME <i>Herbert E. Evans</i>	3 ACCOUNT # (Ethics Commission Filers)
------------------------------------------------------	------------------------------------------------	-----------------------------------------------

4 Date <i>8-9-13</i>	5 Payee name <i>Checkmark Typesetting</i>
--------------------------------	-----------------------------------------------------

6 Amount (\$) <i>4,744.45</i>	7 Payee address; City; State; Zip Code <i>3217 N. IH35 Austin, Tx 78722</i>
-----------------------------------------	-------------------------------------------------------------------------------------------

Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Invitation and mail out</i>
---------------------------------	------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

Date <i>8-20-13</i>	Payee name <i>Word of Mouth</i>
------------------------	------------------------------------

Amount (\$) <i>175.37</i>	Payee address; City; State; Zip Code <i>919 West 12th St. Austin, Tx 78703</i>
------------------------------	---------------------------------------------------------------------------------------

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Desserts for event</i>
------------------------	--------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

Date <i>8-20-13</i>	Payee name <i>El Sol y La Luna</i>
------------------------	---------------------------------------

Amount (\$) <i>387.23</i>	Payee address; City; State; Zip Code <i>600 E. 6th St. Austin, Tx 78701</i>
------------------------------	------------------------------------------------------------------------------------

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Food for Event</i>
------------------------	--------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

Date <i>8-20-13</i>	Payee name <i>H.E.B.</i>
------------------------	-----------------------------

Amount (\$) <i>89.97</i>	Payee address; City; State; Zip Code <i>6900 Brodie Lane Austin, Tx 78745</i>
-----------------------------	--------------------------------------------------------------------------------------

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Purchased food trays</i>
------------------------	--------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>pg 2 of 2</i>	2 FILER NAME <i>Herbert E. Evans</i>	3 ACCOUNT # (Ethics Commission Filers)
-----------------------------------------------	-----------------------------------------	----------------------------------------

4 Date <i>8-20-13</i>	5 Payee name <i>Wal-mart</i>
--------------------------	---------------------------------

6 Amount (\$) <i>18.90</i>	7 Payee address; City; State; Zip Code <i>5017 W. Highway 290 Austin, TX 78736</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Purchased napkins, plates and utensils</i>
--------------------------	------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

Date <i>8-29-13</i>	Payee name <i>Hill Country Events, LTD</i>
------------------------	-----------------------------------------------

Amount (\$) <i>282.42</i>	Payee address; City; State; Zip Code <i>1000 Cashew Lane Cedar Park, TX 78613</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>License bartender service for event</i>
------------------------	--------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------

Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: <i>1</i>	2 FILER NAME <i>Herbert e. Evans</i>	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------------------	------------------------------------------------	-----------------------------------------------

4 Date	5 Business name <i>None</i>
---------------	---------------------------------------

6 Amount (\$)	7 Business address; City; State; Zip Code
----------------------	--------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
1	<i>Herbert E. Evans</i>	
4 Date	5 Payee name	
	<i>None</i>	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K: 1

2 FILER NAME Herbert E. Evans 3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received <u>None</u>	8 Amount (\$)
6 Address of person from whom amount is received; City; State; Zip Code		
7 Purpose for which amount is received		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: /
2 FILER NAME <i>Herbert E. Evans</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>None</i>		
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-C <input type="checkbox"/> PAC-E		
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-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	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-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	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-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED