

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8316

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: <div style="text-align: right; font-size: 1.2em;">19</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr.</i> <i>Herbert</i> <i>E.</i> NICKNAME LAST SUFFIX <i>Herb</i> <i>Evans</i>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p>Date Received</p> <p style="text-align: center; font-size: 0.8em;">2014 FEB 24 PM 12:35</p> <hr/> <p>Date Hand-delivered or Postmarked</p> <p>Receipt # Amount</p> <p>Date Processed</p> <p>Date Imaged</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>1302 West Avenue</i> <i>Austin, Texas 78701</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 472-2733</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mr.</i> <i>Joseph</i> <i>A.</i> NICKNAME LAST SUFFIX <i>Joe</i> <i>Turner</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <i>1504 West Avenue</i> <i>Austin, Texas 78701</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 479-4892</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>1 / 24 / 2014</i> <i>2 / 22 / 2014</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 4 / 2014</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Justice of the Peace, Pct. 5</i> <i>Travis County</i>	13 OFFICE SOUGHT (if known) <i>Justice of the Peace, Pct. 5</i> <i>Travis County</i>	

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Herbert E. Evans 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>None</u>
		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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,675.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 35,204.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 39,902.56

18 AFFIDAVIT

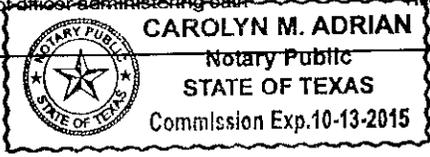
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Herbert E. Evans
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Herb Evans, this the 24 day of 2, 2014, to certify which, witness my hand and seal of office.

Carolyn M. Adrian NOTARY
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Herbert E. Evans</i>		3 ACCOUNT # (Ethics Commission Filers) <i>pg 1 of 8</i>	
4 Date <i>2-5-2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos H. Barrera</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4007 Eton Ln Austin, Tx 78727</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Judge, County Court At Law #8</i>		10 Employer (See Instructions) <i>Travis County</i>	
Date <i>2-6-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Benjamin 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 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>2-6-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leslie J. Boykin</i>	Amount of contribution (\$) <i>50.00</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>2-4-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bratton Firm, P.C.</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1100 B. Guadalupe 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>1-29-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Brittain</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1100 West Ave 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 8</i>	
2 FILER NAME <i>Herbert E. Evans</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-18-2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Capital Area Trial Lawyers PAC</i>	7 Amount of contribution (\$) <i>1,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 788 Austin, Tx 78767</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) —		10 Employer (See Instructions) —	
Date <i>2-18-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Carr</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4826 Hwy. 71 E Del Valle, Tx 78617</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Rancher</i>		Employer (See Instructions) <i>Self</i>	
Date <i>2-7-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Colleen Connolly</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1407 W. 10th St. Austin, Tx 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Therapist</i>		Employer (See Instructions) <i>Self</i>	
Date <i>2-6-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elsie F. Craven</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1112 Cripple Creek Drive Austin, Tx 78758</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>2-6-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bart Douglas Denum</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 5995 Austin, Tx 78763</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

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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 8

2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1-27-2014

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

Gray & Becker

6 Contributor address; City; State; Zip Code

*900 West Avenue
Austin, Tx 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)

Attorneys

10 Employer (See Instructions)

Self

Date

2-6-2014

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

J. Andrew Hathcock

Contributor address; City; State; Zip Code

*5000 Woodcreek Rd
Austin, Tx 78749*

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)

Associate Civil District Court Judge

Employer (See Instructions)

Travis County

Date

2-6-2014

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

Chuck Herring

Contributor address; City; State; Zip Code

*701 Brazos Street, Suite 500
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

2-8-2014

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

Hugh K. Higgins Jr.

Contributor address; City; State; Zip Code

*8115 East Ct.
Austin, Tx 78759*

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)

CPA

Employer (See Instructions)

Self

Date

2-5-2014

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

Tim Jamail

Contributor address; City; State; Zip Code

*1006 MoPac Circle, Suite 101
Austin, Tx 78746*

Amount of contribution (\$)

300.00

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:

pg 4 of 8

2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-6-2014

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

Richard T. Jones

6 Contributor address; City; State; Zip Code

*11028 Mint Julep Dr.
Austin, Tx 78748*

7 Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Self

Date

2-6-2014

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

Michelle Kostun

Contributor address; City; State; Zip Code

*700 Lavaca St., Ste. 1400
Austin, Tx 78701*

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

2-6-2014

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

Kuhn, Bhakta, Turner & Kuhn, P.C.

Contributor address; City; State; Zip Code

*603 West Eighth Street
Austin, Tx 78701*

Amount of contribution (\$)

125.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Self

Date

2-6-2014

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

John H. Lipscombe

Contributor address; City; State; Zip Code

*6600 Mesa Dr.
Austin, Tx 78731*

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Judge, County Court at Law #3

Employer (See Instructions)

Travis County

Date

2-7-2014

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

George Lobb

Contributor address; City; State; Zip Code

*702 Rio Grande St.
Austin, Tx 78701*

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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:

pg 5 of 8

2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-6-2014

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

Tim Mahoney

6 Contributor address; City; State; Zip Code

*P.O. Box 1544
Austin, Tx 78731*

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

2-6-2014

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

John McKenzie

Contributor address; City; State; Zip Code

*1950 Webberville Rd. # 4315
Austin, Tx 78721*

Amount of contribution (\$)

125.00

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

2-3-2014

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

Minton, Burton, Bassett & Collins, P.C.

Contributor address; City; State; Zip Code

*1100 Guadalupe St.
Austin, Tx 78701*

Amount of contribution (\$)

1,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Self

Date

2-18-2014

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

Henry Moore

Contributor address; City; State; Zip Code

*316 W. 12th St., Suite 318
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

1-28-2014

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

Thuy-Nhi D. Morel

Contributor address; City; State; Zip Code

*3508 Far West Blvd. Ste. 115
Austin, Tx 78731*

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

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 6 of 8</i>	
2 FILER NAME <i>Herbert E. Evans</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-9-2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pastrana Law Firm</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>42 East Avenue Austin, Tx 78727</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>2-5-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>F. Walter Penn</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1109 Kennan Rd West Lake Hills, Tx 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Financial Advisor</i>		Employer (See Instructions) <i>Raymond James & Assoc.</i>	
Date <i>2-6-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul A. Quinzi</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5708 Avenue G 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>2-5-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gordon M. Rubinet</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3806 Hidden Hollow 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>2-6-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Kay Sicola</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7076 West Lynn St. Austin, Tx 78703</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 7 of 8</i>	
2 FILER NAME <i>Herbert E. Evans</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-21-2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jody W. Sims</i>	7 Amount of contribution (\$) <i>150.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>812 San Antonio St. Ste. 103 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>2-3-2014</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>2-6-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Broadus A. Spivey</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>48 East Ave 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>2-6-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Turro</i>	Amount of contribution (\$) <i>50.00</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>1-30-2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>P. David Wahlberg</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5808 Back Court Austin, Tx 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Judge, 167th Criminal District Court</i>		Employer (See Instructions) <i>Travis County, State of Texas</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 8

2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-5-2014

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

Allan L. Williams

6 Contributor address; City; State; Zip Code

*2400 Camino Alto
Austin, Tx 78746*

7 Amount of contribution (\$)

250.00

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

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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: 1
2 FILER NAME <i>Herbert E. Evans</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>None</i>	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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>2-6-2014</i>		5 Payee name <i>El Mercado - uptown</i>			
6 Amount (\$) <i>500.00</i>		7 Payee address; City; State; Zip Code <i>1702 Lavaca St 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>Food</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>2-12-2014</i>		Payee name <i>CheckMark</i>			
Amount (\$) <i>200.00</i>		Payee address; City; State; Zip Code <i>3217 N. IH35 Austin, TX 78722</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Stakes for signs</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>2-19-2014</i>		Payee name <i>Austin Progressive Coalition c/o K.T. Musselman</i>			
Amount (\$) <i>400.00</i>		Payee address; City; State; Zip Code <i>4501 Ruiz St Austin, Texas 78723</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Doorhanger</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>2-18-2014</i>		Payee name <i>Sylvia Camarillo</i>			
Amount (\$) <i>2,000.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 9632 Austin, TX 78766</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign to Re-elect for JPS</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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)
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4 Date <i>2-22-2014</i>	5 Payee name <i>Austin Tejano Democrats</i>
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6 Amount (\$) <i>150.00</i>	7 Payee address; City; State; Zip Code <i>2544 Stoutwood Circle Austin, Tx 78745</i>
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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>Ad</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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:	2 FILER NAME <i>Herbert E. Evans</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name <i>None</i>	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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)
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)
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)
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:	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)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	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		
Date	Candidate / Officeholder name	
Amount (\$)	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		
Date	Candidate / Officeholder name	
Amount (\$)	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		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

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**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:
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2 FILER NAME <i>Herbert E. Evans</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Name of person from whom amount is received <i>None</i>	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	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

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

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

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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.
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)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		