

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 3522 FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:  14
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	JUDGE	GUY	
	NICKNAME	LAST	SUFFIX
		HERMAN	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
<input type="checkbox"/> Change of Address	P. O. BOX 2561		AUSTIN, TEXAS 78768
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
		MARTHA	S.
	NICKNAME	LAST	SUFFIX
		DICKIE	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE
	1100 GUADALUPE		AUSTIN, TEXAS 78701
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512 )	476-4474	
8 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach JC/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
	01	01	97
	THROUGH		Month Day Year
			06 / 30 / 97
10 ELECTION	ELECTION DATE		
	Month	Day	Year
	/	/	/
	ELECTION TYPE		
	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
	PROBATE JUDGE		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..		
	Name		
	Address / PO Box, Apt / Suite #, City, State, Zip Code		
<input type="checkbox"/> additional pages			

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

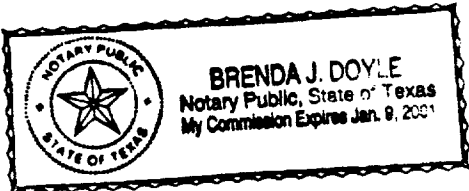
FORM JC/OH  
COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission filers)
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16 SUPPORTING POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

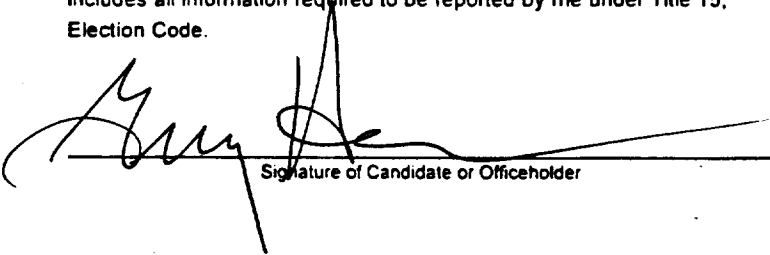
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,035.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 23,543.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 AFFIDAVIT




AFFIX NOTARY STAMP / SEAL ABOVE

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

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Guy Herman, this the 3rd day of July, 19 97, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Brenda J. Doyle

 Print name of officer administering oath

Notary Public

 Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A(J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): 1	
2 FILER NAME JUDGE GUY HERMAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC  6 Contributor address:      City:    State:    Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out of state PAC  Contributor address:      City:    State:    Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out of state PAC  Contributor address:      City:    State:    Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, parents' law firm(s) (if any)			

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

# PLEGGED CONTRIBUTIONS (JUDICIAL)

# SCHEDULE B(J)

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule B(J): <b>1</b>
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2 FILER NAME JUDGE GUY HERMAN	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒	\$
--	----

5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address;                      City;   State;   Zip Code			

10 Pledgor's principal occupation	11 Pledgor's job title
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12 Pledgor's employer/law firm	13 Law firm of pledgor's spouse (if any)
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14 If pledgor is a child, law firm of parent(s) (if any)

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

Pledgor's principal occupation	Pledgor's job title
--------------------------------	---------------------

Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
-----------------------------	---------------------------------------

If pledgor is a child, law firm of parent(s) (if any)

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

Pledgor's principal occupation	Pledgor's job title
--------------------------------	---------------------

Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
-----------------------------	---------------------------------------

If pledgor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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# LOANS (JUDICIAL)

# SCHEDULE E(J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J): <p style="text-align: center;">1</p>	
2 FILER NAME <p>JUDGE GUY HERMAN</p>		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		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 Lender's Principal Occupation		13 Lender's Job Title	
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral  <input type="checkbox"/> none			
18 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	19 Name of guarantor		21 Amount Guaranteed (\$)
20 Guarantor address:    City:    State:    Zip Code			
22 Guarantor's Principal Occupation		23 Guarantor's Job Title	
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)	
26 If guarantor is child, law firm of parent(s) (if any)			

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

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
3

## 2 FILER NAME

JUDGE GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/6/97

5 Payee name

Cathleen Anderson

7 Amount  
(\$)

\$12.99

6 Payee address: City: State: Zip Code

1000 Guadalupe  
Austin, Texas 78701

8 Purpose of expenditure

Dry Cleaning of table cloth used at  
employee retirement party

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

1/16/97

Payee name

University Co-op

Amount  
(\$)

\$59.54

Payee address: City: State: Zip Code

24th & Guadalupe  
Austin, Texas 78704

Purpose of expenditure

Purchase of Trust publication

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

2/19/97

Payee name

McCallum Baseball Program

Amount  
(\$)

\$100.00

Payee address: City: State: Zip Code

1609 Shoal Creek, Suite 100  
Austin, Texas 78701

Purpose of expenditure

Donation for purchase of equipment for  
baseball program

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

2/26/97

Payee name

Travis County Bar Association

Amount  
(\$)

\$120.00

Payee address: City: State: Zip Code

P. O. Box 12487  
Austin, Texas 78711

Purpose of expenditure

Bar Association Dues

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

## 2 FILER NAME

JUDGE GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount  
(\$)

2/26/97

Volunteer Legal Services of Central Texas

\$100.00

6 Payee address: City: State: Zip Code  
700 Lavaca  
Austin, Texas 78701

8 Purpose of expenditure

Donation

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount  
(\$)

3/11/97

United States Post Office

\$40.00

Payee address: City: State: Zip Code  
Austin, Texas 78701

Purpose of expenditure

Annual post office box rent

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount  
(\$)

3/12/97

Internal Revenue Service

\$150.94

Payee address: City: State: Zip Code  
Austin, Texas 78333

Purpose of expenditure

Tax Due on 1120-POL for 1996

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount  
(\$)

5/13/97

Internal Revenue Service

\$204.16

Payee address: City: State: Zip Code  
Austin, Texas 78333

Purpose of expenditure

Tax due on 1120-POL for 1996

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME JUDGE GUY HERMAN		3 ACCOUNT # (Ethics Commission files)
4 Date 6/30/97	5 Payee name Zelle & Larson 6 Payee address: City: State: Zip Code 100 Congress, Suite 2100 Austin, Texas 78701	7 Amount (\$) \$8,173.00
8 Purpose of expenditure 5-19-97/6-17-97 Legal Fees for Mandamus Proceeding		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

JUDGE GUY HERMAN

3 ACCOUNT # (Ethics Commission files)

4 Date 2/19/97	5 Payee name Star of India Restaurant 6 Payee address: City: State: Zip Code 2900 W. Anderson Lane Austin, Texas 78757	8 Amount (\$) \$75.00
7 Purpose of expenditure Reimbursement to Guy Herman for meal expense for staff appreciation lunch on 1-31-97		<input type="checkbox"/> Reimbursement from political contributions intended

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

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

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

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

1

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

JUDGE GUY HERMAN

<b>4</b> Date	<b>5</b> Payee name	<b>8</b> Amount (\$)
	<b>6</b> Payee address: City: State: Zip Code	
	<b>7</b> Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

JUDGE GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address: City: State: Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L:

1

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

JUDGE GUY HERMAN

### LENDER INFORMATION

4 Name of lender

5 Lender address: City: State: Zip Code

### GUARANTOR INFORMATION

6 Name of guarantor

7 Guarantor address: City: State: Zip Code

not applicable

### LENDER INFORMATION

Name of lender

Lender address: City: State: Zip Code

### GUARANTOR INFORMATION

Name of guarantor

Guarantor address: City: State: Zip Code

not applicable

### LENDER INFORMATION

Name of lender

Lender address: City: State: Zip Code

### GUARANTOR INFORMATION

Name of guarantor

Guarantor address: City: State: Zip Code

not applicable

### LENDER INFORMATION

Name of lender

Lender address: City: State: Zip Code

### GUARANTOR INFORMATION

Name of guarantor

Guarantor address: City: State: Zip Code

not applicable

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule M:

1

2 FILER NAME

JUDGE GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED