

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**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

13

**3 CANDIDATE /
OFFICEHOLDER
NAME**

TITLE FIRST MI
Judge Guy
NICKNAME LAST SUFFIX
Herman

OFFICE USE ONLY

Date Received

Receipt #

HC / PM	Amount
Date Processed	1/15/98
Date Imaged	

**4 CANDIDATE /
OFFICEHOLDER
ADDRESS**

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
P.O. Box 2561 Austin Texas 78767

Change of Address

**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) 476-4873

8 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 JC/OH - FR)

**9 PERIOD
COVERED**

Month Day Year THROUGH Month Day Year
7 / 1 / 98 THROUGH 12 / 31 / 98

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
Probate Judge

12 OFFICE SOUGHT (if known)

**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

additional pages

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME
Judge Guy Herman

15 ACCOUNT # : Ethics Commission files

16 SUPPORTING POLITICAL COMMITTEE(S)

-- 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
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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	\$ 1,357.86
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4. TOTAL POLITICAL EXPENDITURES	\$ 1,357.86
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CONTRIBUTION BALANCE

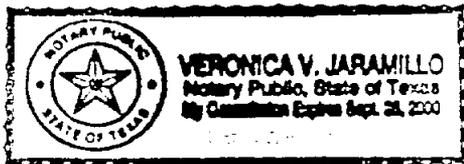
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 29,210.74
--	--------------

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-
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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



Guy Herman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Guy Herman, this the 15TH day of January 1999, to certify which, witness my hand and seal of office.

Veronica V. Jaramillo Veronica V. Jaramillo Notary Publ
Signature of officer administering oath Print name of officer administering oath 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) <u>1</u>	
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	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code			
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	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code			
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	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code			
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)			

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)

1

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

JUDGE GUY HERMAN

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor

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

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

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

Date

Full name of pledgor

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

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)

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LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E(J)

1

2 FILER NAME

JUDGE GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⅈ ⅈ ⅈ ⅈ ⅈ ⅈ

\$

5 Date of loan

7 Name of lender

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

none

18 GUARANTOR INFORMATION

not applicable

19 Name of guarantor

20 Guarantor address City State Zip Code

21 Amount Guaranteed (\$)

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

2

2 FILER NAME

JUDGE GUY HERMAN

3 ACCOUNT # (Ethics Commission filer)

4 Date

7/17/98

5 Payee name

Jones McClure Publishing

7 Amount

(\$)

\$99.90

6 Payee address. City. State. Zip Code

P.O. Box 540546 Houston, Texas 77254-0546

8 Purpose of expenditure

O'Connor's Texas Rules

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

Candidate / Officeholder name

Office sought / held

Date

8/4/98

Payee name

State Bar of Texas

Amount

(\$)

\$30.00

Payee address. City. State. Zip Code

P. O. Box 12487 Austin, Texas 78711

Purpose of expenditure

Section Dues

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

Candidate / Officeholder name

Office sought / held

Date

9/9/98

Payee name

Jim Mattox Campaign

Amount

(\$)

\$100.00

Payee address. City. State. Zip Code

P. O. Box 13223 Austin, Texas 78711

Purpose of expenditure

Campaign Contribution

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

Candidate / Officeholder name

Office sought / held

Date

9/9/98

Payee name

David Van Os Campaign

Amount

(\$)

\$100.00

Payee address. City. State. Zip Code

P. O. Box 33448 Austin, Texas 78764

Purpose of expenditure

Campaign Contribution

-- 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 9/21/98	5 Payee name Enchanted Florist 6 Payee address, City, State, Zip Code 1616 Lavaca Austin, Texas 78701	7 Amount (\$) \$113.66
8 Purpose of expenditure Flowers for Funeral		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9/30/98	Payee name Jana Cotton Payee address, City, State, Zip Code P. O. Box 2561 Austin, Texas 78767	Amount (\$) \$189.53
Purpose of expenditure Reimbursement for party supplies for Law Clerk farewell party		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 10/1/98	Payee name La Rosa Catering Service Payee address, City, State, Zip Code 6407 Middleham Place Austin, Texas 78745	Amount (\$) \$263.75
Purpose of expenditure Food for Law Clerk farewell party		-- 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 filers)
4 Date 9/21/98	5 Payee name Guy Herman 6 Payee address City, State, Zip Code P. O. Box 2561 Austin, Texas 78767	8 Amount (\$) \$116.91 <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure Reimbursement for flowers for memorial service		
Date 11/16/98	Payee name Guy Herman Payee address City, State, Zip Code P. O. Box 2561 Austin, Texas 78767	Amount (\$) \$344.11 <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure Reimbursement for car rental and criminal mischief damage to vehicle that occurred at the courthouse		
Date	Payee name Payee address City, State, Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure		
Date	Payee name Payee address City, State, Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure		
Date	Payee name Payee address City, State, Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure		

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H
1

2 FILER NAME

JUDGE GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7

Amount (\$)

6 Business address: City State Zip Code

8 Purpose of payment

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

Date

Business name

Amount (\$)

Business address: City State Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address: City State Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address: City State Zip Code

Purpose of payment

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule I 1
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2 FILER NAME JUDGE GUY HERMAN	3 ACCOUNT # (Ethics Commission files)
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4 Date	5 Payee name	8 Amount (\$)
	6 Payee address. City. State. Zip Code	
	7 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	

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K.

1

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

JUDGE GUY HERMAN

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
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2 FILER NAME JUDGE GUY HERMAN	3 ACCOUNT # (Ethics Commission filers)
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LENDER INFORMATION	4 Name of lender
	5 Lender address, City, State, Zip Code

GUARANTOR INFORMATION	6 Name of guarantor
<input type="checkbox"/> not applicable	7 Guarantor address, City, State, Zip Code

LENDER INFORMATION	Name of lender
	Lender address, City, State, Zip Code

GUARANTOR INFORMATION	Name of guarantor
<input type="checkbox"/> not applicable	Guarantor address, City, State, Zip Code

LENDER INFORMATION	Name of lender
	Lender address, City, State, Zip Code

GUARANTOR INFORMATION	Name of guarantor
<input type="checkbox"/> not applicable	Guarantor address, City, State, Zip Code

LENDER INFORMATION	Name of lender
	Lender address, City, State, Zip Code

GUARANTOR INFORMATION	Name of guarantor
<input type="checkbox"/> not applicable	Guarantor address, City, State, Zip Code

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

