

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FILED FORM JC/OH  
COVER SHEET PG 1

JUL 9 2 49 11 '99

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
	NICKNAME	LAST	SUFFIX
Judge		Guy	S.
Herman			
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
	P. O. Box 2561 Austin Texas 78768		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
Martha		S.	
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	<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	99
THROUGH		Month	Day
		06	30
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<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  <input type="checkbox"/> additional pages	** 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		

**OFFICE USE ONLY**

Date Received

Receipt #

HD / PM    Amount:

Date Processed

Date Imaged

JUL 9 3 58 11 '99

FILED

GO TO PAGE 2

# 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, 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.**

**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:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

**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**19** Name of guarantor**21** Amount Guaranteed (\$) not applicable**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.

2

2 FILER NAME

Judge Guy Herman

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/29/99	5 Payee name AYLA Foundation	7 Amount (\$) 100.00
6 Payee address, City, State, Zip Code % Judge Suzanne Covington, P.O. Box 1748, Austin, Texas 78701		

8 Purpose of expenditure Donation Law Day and Pro Bono Banquet	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date 4/29/99	Payee name Travis County Democratic Party Sustaining Membership	Amount (\$) 120.00
Payee address, City, State, Zip Code P. O. Box 684263 Austin Texas 78768		

Purpose of expenditure Membership Dues	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date 5/28/99	Payee name Jana Cotton	Amount (\$) 289.42
Payee address, City, State, Zip Code % Box 2561 Austin Texas 78768		

Purpose of expenditure Appreciation Gifts for Constituents	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name	Amount (\$)
Payee address, City, State, Zip Code		

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / 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

Judge Guy Herman

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name ..... 6 Payee address: City, State, Zip Code  7 Purpose of expenditure	8 Amount (\$)
Date	Payee name ..... Payee address: City, State, Zip Code  Purpose of expenditure	Amount (\$)
Date	Payee name ..... Payee address: City, State, Zip Code  Purpose of expenditure	Amount (\$)
Date	Payee name ..... Payee address: City, State, Zip Code  Purpose of expenditure	Amount (\$)
Date	Payee name ..... Payee address: City, State, Zip Code  Purpose of expenditure	Amount (\$)

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# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

Judge Guy Herman

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

5 Lender address: City: State: Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

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

not applicable

Guarantor address: City: State: Zip Code

LENDER INFORMATION

Name of lender

Lender address: City: State: Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address: City: State: Zip Code

LENDER INFORMATION

Name of lender

Lender address: City: State: Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address: City: State: Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED