

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# COPY

## FORM JC/OH COVER SHEET PG 1

4/4/99

The JC/OH INSTRUCTION GUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filer):	2 Total pages filed 4
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST	SUFFIX			

JUDGE GUY S.  
HERMAN

Date Received: JUN 11 4 37 PM '00  
Date Hand Delivered or Date Postmarked:  
Receipt # Amount:  
Date Processed:  
Date Imaged:

**FILED**

4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
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P. O. BOX 2561 AUSTIN TX. 78768

5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX

MARTHA S.  
DICKIE

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (IND PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE
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1100 GUADALUPE AUSTIN TX. 78701

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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( 512 ) 476-4873

8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (off-holder only)
	<input 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	THROUGH	Month	Day	Year
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07 / 01 / 99 THROUGH 12 / 31 / 99

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

PROBATE JUDGE

11 OFFICE	OFFICE HELD (if any)	12 OFF OF SOLG+T (if known)
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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					

additional pages

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

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
<input type="checkbox"/> additional pages	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 \$ 86.55

4. TOTAL POLITICAL EXPENDITURES \$ 1021.03

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 34,146.41

OUTSTANDING  
LOAN TOTALS

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

18 AFFIDAVIT

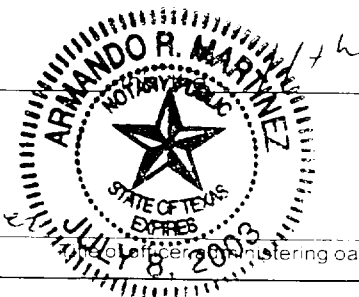
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Guy Herman*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said GUY HERMAN day of January, 2000, to certify which, witness my hand and seal of office

*Armando R. Martinez* Signature of officer administering oath  
Armando R. Martinez Print name of officer administering oath



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

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F

1

**2** FILER NAME

GUY HERMAN

**3** ACCOUNT # (Ethics Commission filers)**4** Date

7/9/99

**5** Payee name

Texas Bar Foundation

**7**Amount  
(S)

200.00

**6** Payee address City State Zip Code

P. O. BOX 12487 AUSTIN TX 78711-2487

**8** Purpose of expenditure (See instructions regarding type of information required)

Endowment Gift

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

Candidate / Officeholder name

Office sought / held

Date

10/4/99

Payee name

TANQUERAY'S TEXAS AIDS RIDE 2

Payee address City State Zip Code

135 S. LA SALLE, DEPT. 4513, CHICAGO, IL. 60674-4513

Amount  
(S)

150.00

Purpose of expenditure (See instructions regarding type of information required)

Donation

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

Candidate / Officeholder name

Office sought / held

Date

12/22/99

Payee name

TRAVIS COUNTY BAR ASSOCIATION

Payee address City State Zip Code

700 LAVACA, STE. 602 AUSTIN TX. 78701

Amount  
(S)

100.00

Purpose of expenditure (See instructions regarding type of information required)

Dues 2000

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

Candidate / Officeholder name

Office sought / held

Date

12/26/99

Payee name

TRAVIS COUNTY DEMOCRATIC PARTY

Payee address City State Zip Code

P. O. BOX 684263 AUSTIN TX. 78768

Amount  
(S)

125.00

Purpose of expenditure (See instructions regarding type of information required)

Filing Day Deadline Dinner Donation

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

Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# 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 3 ACCOUNT # (Ethics Commission filer)  
GUY HERMAN

4 Date 11/29/99	5 Payee name Guy Herman	8 Amount (\$) 359.48
	6 Payee address, City, State, Zip Code P. O. BOX 2561 AUSTIN TX. 78768	
	7 Purpose of expenditure (See instructions regarding type of information required.) Dinner for staff- departing employee	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED