

ORIGINAL

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4623**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:

4

3 CANDIDATE /
OFFICEHOLDER
NAMETITLE FIRST MI
JUDGE GUY S.
NICKNAME LAST SUFFIX
HERMAN

OFFICE USE ONLY

Date Received
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged4 CANDIDATE /
OFFICEHOLDER
ADDRESSADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE
P. O. BOX 2561 AUSTIN TX 78768 Change of Address5 CAMPAIGN
TREASURER
NAMETITLE FIRST MI
MARTHA S.
NICKNAME LAST SUFFIX
DICKIE6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE
1100 GUADALUPE AUSTIN TX 787017 CAMPAIGN
TREASURER
PHONEAREA 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 C/OH - FR)9 PERIOD
COVEREDMonth Day Year THROUGH Month Day Year
01 / 01 / 00 THROUGH 06 / 30 / 00

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

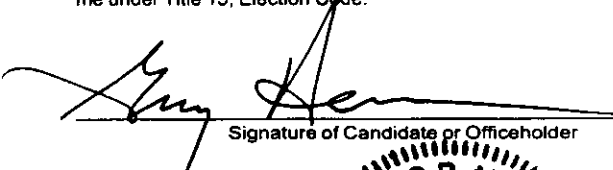
14 C/OH NAME	15 ACCOUNT # (Ethics Commission filers)
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	* This listing includes political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	\$ 95.46
	4. TOTAL POLITICAL EXPENDITURES	\$ 665.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$32,396.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-


18 AFFIDAVIT

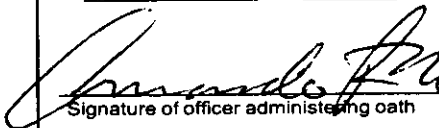
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said GUY HERMAN _____ 4th day of JULY, 20 00, to certify which, witness my hand and seal of office.



 Signature of officer administering oath
 Armando R. Martinez Print name of officer administering oath
 _____ Title of officer administering oath

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME GUY HERMAN		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/06/00	5 Payee name LEXIS-NEXIS 6 Payee address; City; State; Zip Code P. O. Box 7247-7090 Philadelphia, Pa. 19170-7090	7 Amount (\$) 20.00
8 Purpose of expenditure (See instructions regarding type of information required.) Subscription for legal research		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 01/24/00	Payee name LEXIS-NEXIS Payee address; City; State; Zip Code P. O. Box 7247-7090 Philadelphia, Pa. 19170-7090	Amount (\$) 20.00
Purpose of expenditure (See instructions regarding type of information required.) Subscription for legal research		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 02/17/00	Payee name BLINN JUNIOR COLLEGE Payee address; City; State; Zip Code Brenham Tx. 77833	Amount (\$) 125.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution for Jazz Festival		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 02/28/00	Payee name LEXIS-NEXIS Payee address; City; State; Zip Code P. O. Box 7247-7090 Philadelphia, Pa. 19170-7090	Amount (\$) 20.00
Purpose of expenditure (See instructions regarding type of information required.) Subscription for legal research		** 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

2 FILER NAME

GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)**4** Date
03/15/00**5** Payee name
LEXIS-NEXIS**7** Amount
(\$)**6** Payee address; City; State; Zip Code

P. O. Box 7247-7090 Philadelphia, Pa. 19170-7090

20.00

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

Subscription for legal research

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

04/11/00

TEXAS BAR FOUNDATION

Payee address; City; State; Zip Code

P. O. Box 12487

Austin Tx 78711-2487

200.00

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

Annual endowment gift

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

05/19/00

TRAVIS COUNTY DEMOCRATIC PARTY

Payee address; City; State; Zip Code

P. O. Box 684263

Austin Tx 78768

200.00

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

Voter Fund (fundraiser)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

06/02/00

TEXAS DEPARTMENT OF MHMR PRINT SHOP

Payee address; City; State; Zip Code

P. O. Box 12668

Austin Tx 78711

60.00

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

Publications-Tx Law Relating to Mental
Health-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED