

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4789

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:
5

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
JUDGE GUY S.
NICKNAME LAST SUFFIX
HERMAN

OFFICE USE ONLY

Date Received

FILED
JAN 16 3 14 PM '07

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

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

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
MARTHA S.
NICKNAME LAST SUFFIX
DICKIE

Receipt #

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE
1100 GUADALUPE AUSTIN TX 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 C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
07 / 01 / 00 THROUGH 12 / 31 / 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 NOTICE
OF 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)

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 1318.40

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$11668.49

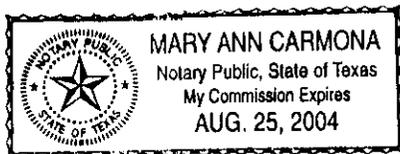
OUTSTANDING LOAN TOTALS

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, this the 16th day of January, 20 01, to certify which, witness my hand and seal of office.

Mary Ann Carmona
Signature of officer administering oath

Notary
Print name of officer administering oath

MARY ANN CARMONA
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
7/31/00

5 Payee name
TRAVIS COUNTY DEMOCRATIC PARTY

7 Amount (\$)

6 Payee address; City; State; Zip Code
P. O. BOX684263 AUSTIN TX 78768-4263

250.00

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

Contribution

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/10/00

PLAN of Central Texas, Inc.
Payee address; City; State; Zip Code

2105 PARAMOUNT AVENUE AUSTIN TX 78704

100.00

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

Contribution (Mentally Ill)
Planned Living Assistance Network

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/26/00

ENCHANTED FLORIST

Payee address; City; State; Zip Code

1616 LAVACA AUSTIN TX. 78701

86.60

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

Floral Memorial

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/27/00

TEXAS BAR FOUNDATION

Payee address; City; State; Zip Code

P. O. BOX 12487 AUSTIN TX. 78711-2487

200.00

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

Annual Contribution

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

Candidate / Officeholder name Office sought Office 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
12/5/00

5 Payee name
TRAVIS COUNTY BAR ASSOCIATION

7 Amount (\$)

6 Payee address; City; State; Zip Code

700 LAVACA ST. AUSTIN TX 78701

100.00

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

2001 DUES

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office 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 this Schedule G:
1

2 FILER NAME
GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/18/00

5 Payee name
GUY HERMAN

8 Amount (\$)

6 Payee address; City; State; Zip Code
3401 North Hills Dr. Austin Tx 78731

255.46

7 Purpose of expenditure
Refrigerator purchase for Court

Reimbursement from political contributions intended

Date
12/21/00

Payee name
GUY HERMAN

Amount (\$)

Payee address; City; State; Zip Code
3401 North Hills Dr. Austin Tx 78731

326.34

Purpose of expenditure
Food catering (Employees party)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED