

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b> 8
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	TITLE: JUDGE FIRST: GUY MI: S. NICKNAME: HERMAN LAST: GUY SUFFIX:	<b>OFFICE USE ONLY</b> Date Received: 01 JUL 16 PM 3:27 Date Hand-delivered or Date Postmarked: [blank] Receipt #: [blank] Amount: [blank] Date Processed: [blank] Date Imaged: [blank]	
<b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P. O. BOX 2561 APT / SUITE #: [blank] CITY: AUSTIN TX STATE: TX ZIP CODE: 78768		
<b>5 CAMPAIGN TREASURER NAME</b>	TITLE: [blank] FIRST: MARTHA MI: S. NICKNAME: DICKIE LAST: [blank] SUFFIX:		
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 1100 GUADALUPE APT / SUITE #: [blank] CITY: AUSTIN TX STATE: TX ZIP CODE: 78701		
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE: (512) PHONE NUMBER: 476-4873 EXTENSION: [blank]		
<b>8 REPORT TYPE</b>	<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 C/OH - FR)		
<b>9 PERIOD COVERED</b>	Month / Day / Year: 01 / 01 / 01 THROUGH Month / Day / Year: 06 / 30 / 01		
<b>10 ELECTION</b>	ELECTION DATE Month / Day / Year: [blank] / [blank] / [blank]	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any): PROBATE JUDGE	<b>12 OFFICE SOUGHT (if known)</b>	
<b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <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: [blank] Address / PO Box; Apt. / Suite #: [blank] City: [blank] State: [blank] Zip Code: [blank]		

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 Item)

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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-

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

\$ 3100.00

EXPENDITURE TOTALS

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

\$ 127.93

4. TOTAL POLITICAL EXPENDITURES

\$ 469.82

CONTRIBUTION BALANCE

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

\$ 19547.67

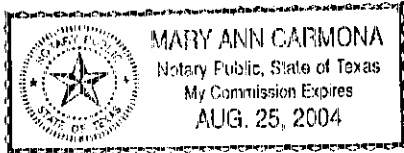
OUTSTANDING LOAN TOTALS

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 July, 2001, to certify which, witness my hand and seal of office.

*Mary Ann Carmona*  
Signature of officer administering oath

Mary Ann Carmona  
Print name of officer administering oath

Notary  
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): <b>4</b>	
2 FILER NAME <b>GUY HERMAN</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/30/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>John Lock</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <b>4300 Ave G Austin TX 78751</b>			
9 Contributor's principal occupation <b>Law</b>		10 Contributor's job title <b>Attorney at Law</b>	
11 Contributor's employer/law firm <b>Lock Law Firm, P.C.</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <b>6/30/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Joel Bennett</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>316 W. 12th St. #101 Austin Tx 78701</b>			
Contributor's principal occupation <b>Law</b>		Contributor's job title <b>Attorney at Law</b>	
Contributor's employer/law firm <b>Joel B. Bennett, P.C.</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <b>6/30/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Amy Peterson Bloomquist</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>614 Capital of Texas Highway South Austin TX 78746</b>			
Contributor's principal occupation <b>Law</b>		Contributor's job title <b>Attorney at Law</b>	
Contributor's employer/law firm <b>Amy Peterson Bloomquist</b>		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.

# 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):	
2 FILER NAME <b>GUY HERMAN</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/30/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Hill, Ducloux, Carnes &amp; Clark</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City: State: Zip Code <b>400 West 15th St., Ste. 750 Austin, TX. 78701</b>			
9 Contributor's principal occupation <b>Law</b>		10 Contributor's job title <b>Attorney at Law</b>	
11 Contributor's employer/law firm <b>Hill, Ducloux, Carnes &amp; Clark</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <b>6/30/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Richard W. Chote</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City: State: Zip Code <b>1512 Preston Ave. Austin, TX 78703</b>			
Contributor's principal occupation <b>Law</b>		Contributor's job title <b>Attorney at Law</b>	
Contributor's employer/law firm <b>Richard W. Chote</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <b>6/30/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Holly J. Gilman</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City: State: Zip Code <b>1411 West Avenue Ste. 100</b>			
Contributor's principal occupation <b>Law</b>		Contributor's job title <b>Attorney at Law</b>	
Contributor's employer/law firm <b>Gilman &amp; Associates, P.C.</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**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):	
2 FILER NAME Guy Herman		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/30/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine P. Larson	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 703 West 10th Austin, TX 78701			
9 Contributor's principal occupation Law		10 Contributor's job title Attorney at Law	
11 Contributor's employer/law firm Christine Larson		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 6/30/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John J. Migl	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7600 Burnet Rd., Ste. 340 Austin, TX 78757			
Contributor's principal occupation Law		Contributor's job title Attorney & Counselor at Law	
Contributor's employer/law firm John J. Migl		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 6/30/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker Arenson	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 901 Mopac Expwy S. Ste. 420 Austin TX 78746			
Contributor's principal occupation Law		Contributor's job title Attorney at Law	
Contributor's employer/law firm Arenson & Spears		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**  
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**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):	
2 FILER NAME Guy Herman		3 ACCOUNT # (Ethics Commission files)	
4 Date 6/30/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Samuel R. Graham	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 114 West 7th St., Ste. 800 Austin, TX 78701			
9 Contributor's principal occupation Law		10 Contributor's job title Attorney at Law	
11 Contributor's employer/law firm Samuel R. Graham		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 6/30/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Verne D.J. Philips	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P. O. Box 5970 Austin, TX 78763			
Contributor's principal occupation Law		Contributor's job title Attorney at Law	
Contributor's employer/law firm Verne D.J. Philips		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 (ID#: 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)			

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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <div style="text-align: right;">1</div>
2 FILER NAME <div style="text-align: center;">GUY HERMAN</div>		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/12/01	5 Payee name Austin American Statesman ..... 6 Payee address; City; State; Zip Code 305 S. Congress Ave. Austin, TX 78704	7 Amount (\$)  57.20
8 Purpose of payment (See instructions regarding type of information required.) Publication regarding legislation		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 4/17/01	Payee name Johnston High School Drama Department ..... Payee address; City; State; Zip Code 1012 Arthur Stiles Rd. Austin, TX 78721	Amount (\$)  150.00
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 ..... Payee address; City; State; Zip Code	Amount (\$)
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 ..... Payee address; City; State; Zip Code	Amount (\$)
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  
4/17/01

**5** Payee name  
Guy Herman

**8** Amount (\$)

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

20.00

**7** Purpose of expenditure (Hidalgo)  
Luncheon expenses for out-of-town Judges (Galveston)

Reimbursement from political contributions intended

Date  
5/29/01

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

Amount (\$)

114.69

Purpose of expenditure  
Appreciation gifts

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED