

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5157

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:

10

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: **JUDGE** FIRST: **GUY** MI: **S.**
NICKNAME: LAST: **HERMAN** SUFFIX:

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE: FIRST: **MARTHA** MI: **S.**
NICKNAME: LAST: **DICKIE** SUFFIX:

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): **1100 GUADALUPE** APT / SUITE #: **AUSTIN TX** CITY: STATE: ZIP CODE: **78701**

7 CAMPAIGN TREASURER PHONE

AREA CODE: **(512)** PHONE NUMBER: **476-4873** EXTENSION:

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: **01 / 01 / 02** THROUGH Month Day Year: **06 / 30 / 02**

10 ELECTION

ELECTION DATE: Month Day Year: **11 / 05 / 02** ELECTION TYPE: 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

GUY HERMAN

15 ACCOUNT # (Ethics Commission letters)

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

additional pages

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

\$

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

\$

1,925.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

3,019.68

CONTRIBUTION BALANCE

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

\$

71,127.85

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Guy Herman this the 12th day of July, 20 02, 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

Notary Public

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):

2

2 FILER NAME

GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/2/02

5 Full name of contributor out-of-state PAC (ID#.....)
Darlene Payne Smith

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

909 Fannin Ste. 3300 Houston Tx 77010

100.00

9 Contributor's principal occupation

Attorney

10 Contributor's job title

Attorney

11 Contributor's employer/law firm

Crain, Caton & James

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 out-of-state PAC (ID#.....)

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/2/02

Frank B. Lyon

Contributor address; City; State; Zip Code

Austin Tx 78731

6836 Austin Center Blvd Ste 150

50.00

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Self-employed

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 out-of-state PAC (ID#.....)

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/6/02

Morrie Schulman

Contributor address; City; State; Zip Code

1333 Bonham Terrace Austin Tx 78704

25.00

Contributor's principal occupation

Unknown

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.

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

2 FILER NAME

GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/25/02

5 Full name of contributor out-of-state PAC (ID#: _____)

A. Boone Almanza

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

78701

1717 W. 6th St., Ste. 230 Austin Tx

250.00

9 Contributor's principal occupation

Attorney

10 Contributor's job title

Attorney

11 Contributor's employer/law firm

Akin & Almanza

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

4/25/02

Full name of contributor out-of-state PAC (ID#: _____)

James Arth

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

700 Lavaca, Ste. 1150 Austin Tx 78701

500.00

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Self-employed

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

6/14/02

Full name of contributor out-of-state PAC (ID#: _____)

Doug Brothers

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10 Las Brisas Austin Tx 78746

1000.00

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Brothers & Thomas L.L.P.

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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If contributor 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:

5

2 FILER NAME

GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/14/02

5 Payee name
Texas Bar Foundation

7 Amount (\$)

6 Payee address; City; State; Zip Code
P. o. Box 12487 Austin Tx 78711-2487

200.00

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

Annual gift

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

Date

Payee name

Amount (\$)

1/14/02

Travis County Bar Association
Payee address; City; State; Zip Code

700 Lavaca Ste. 602 Austin Tx 78701

115.00

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

Annual dues

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

Date

Payee name

Amount (\$)

1/14/02

Northwest Austin Kickball League
Payee address; City; State; Zip Code

P. O. Box 27307 Austin Tx 78755

250.00

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

Sponsor

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

Date

Payee name

Amount (\$)

1/17/02

Campaign to Re-elect Max Higgs, Probate Judge
Payee address; City; State; Zip Code

500 E. San Antonio Ave., El Paso Tx 79901

100.00

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

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:

5

2 FILER NAME

GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/21/02

5 Payee name

Office Depot

7 Amount (\$)

27.05

6 Payee address; City; State; Zip Code

2101 South Lamar Austin Tx 78704

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

Purchase of copier paper

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

Candidate / Officeholder name Office sought Office held

Date

2/22/02

Payee name

Postmaster

Amount (\$)

38.00

Payee address; City; State; Zip Code

Austin Tx Downtown Station Austin 78701

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

Box rental

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

Candidate / Officeholder name Office sought Office held

Date

2/26/02

Payee name

Internal Revenue Service

Amount (\$)

2.75

Payee address; City; State; Zip Code

Austin Tx 78701

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

File 1120 POL for 2001

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

Candidate / Officeholder name Office sought Office held

Date

4/8/02

Payee name

Travis County Democratic Party

Amount (\$)

25.00

Payee address; City; State; Zip Code

P. O. Box 684263 Austin Tx 78768

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

Booth Rental (Convention)

.. 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:

5

2 FILER NAME

GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/8/02

5 Payee name
Travis County Democratic Party

7 Amount (\$)

6 Payee address; City; State; Zip Code

P. O. Box 684263 Austin Tx 78768

250.00

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

Donation

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

Candidate / Officeholder name Office sought Office held

Date

4/17/02

Payee name
Citizens for a Travis County Hospital District

Amount (\$)

Payee address; City; State; Zip Code

P. O. Box 300041 Austin Tx 78703

250.00

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

Donation

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

Candidate / Officeholder name Office sought Office held

Date

4/30/02

Payee name
Cinco de Mayo Committee

Amount (\$)

Payee address; City; State; Zip Code

% Commissioner Margaret Gomez Box 1748 Austin Tx 78767

25.00

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

Donation

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

Candidate / Officeholder name Office sought Office held

Date

4/30/02

Payee name
VLS Volunteer Legal Services

Amount (\$)

Payee address; City; State; Zip Code

% Judge Suzanne Covington 1000 Guadalupe Austin Tx 78701

100.00

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

Donation "Volunteer Event"

** 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:
5

2 FILER NAME

GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date
5/20/02

5 Payee name
Margaret Moore Campaign

7 Amount (\$)

6 Payee address; City; State; Zip Code
P. O. Box 162932 Austin Tx 78716-2932

100.00

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
5/22/02

Payee name
Vote 2002 Project

Amount (\$)

Payee address; City; State; Zip Code
P. O. Box 40671 Austin Tx 78704

250.00

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

Voter registration project

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

Date
5/22/02

Payee name
Travis County Democratic Party

Amount (\$)

Payee address; City; State; Zip Code
P. O. Box 684263 Austin Tx 78768

750.00

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

Donation Coordinated Campaign

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

Date
6/5/02

Payee name
Juneteenth 2002 Celebration(Sam Biscoe Special Projects)

Amount (\$)

Payee address; City; State; Zip Code
314 West 11th St., STE 510 Austin, Tx 78701

25.00

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

Donation

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

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POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule F:

5

2 FILER NAME

GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date
6/5/02

5 Payee name
Judicial Section, State Bar of Texas

7 Amount (\$)

6 Payee address; City; State; Zip Code

1414 Colorado Ste. 502 Austin, Tx 78701

30.00

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

Membership dues Judicial Section

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

6/5/02

OfficeMax #377

Payee address; City; State; Zip Code

907 West 5th St. Austin, Tx 78701

62.64

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

**Purchase binders for project
Citizens for a Travis County Hospital District**

.. 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
1/14/02

5 Payee name

Guy Herman

8 Amount (\$)

6 Payee address; City; State; Zip Code

P. O. Box 1748, Austin Tx 78767

66.13

7 Purpose of expenditure

Travel to San Antonio for swearing in ceremony for colleague. Mileage plus parking

Reimbursement from political contributions intended

Date
1/30/02

Payee name

Guy Herman

Amount (\$)

Payee address; City; State; Zip Code

P. o. Box 1748, Austin Tx 78767

320.14

Purpose of expenditure

Food trays for office party

Reimbursement from political contributions intended

Date
1/30/02

Payee name

Guy Herman

Amount (\$)

Payee address; City; State; Zip Code

P. o. Box 1748 Austin Tx 78767

32.97

Purpose of expenditure

**Lunch for Dr. Moy from Austin State Hospital
Lunch for Judge H. Garza from Hidalgo**

**20.99
12.99**

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