

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5291

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:

6

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

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

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Change of Address

5 CAMPAIGN TREASURER NAME

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

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1100 GUADALUPE APT / SUITE #: CITY: AUSTIN STATE: TX 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: 07 / 01 / 02 THROUGH Month Day Year: 12 / 31 / 02

10 ELECTION

ELECTION DATE: Month Day Year: / / 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 files)

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)

\$

100.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

3305.73

CONTRIBUTION BALANCE

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

\$

68,946.45

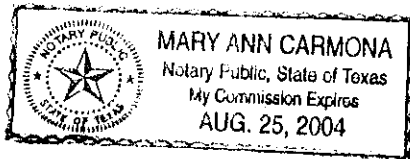
OUTSTANDING LOAN TOTALS

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

\$

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 14th day of January, 20 03, 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).
1

2 FILER NAME

GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/10/02

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

HUBERT BELL, JR.

6 Contributor address; City; State; Zip Code

515 CONGRESS AVE. #2000 AUSTIN, TX 78701

7 Amount of contribution (\$)

100.00

8 In-kind contribution description(if applicable)

9 Contributor's principal occupation

Attorney

10 Contributor's job title

11 Contributor's employer/law firm
Law Office of Hubert Bell, Jr.

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)

Contributor address; City; State; Zip Code

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)

Date

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

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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:

3

2 FILER NAME
GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/10/02

5 Payee name
United States Postal Service

7 Amount (\$)

6 Payee address; City; State; Zip Code
Downtown Station Austin, Tx 78701-2924

17.85

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

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

Date

Payee name

Amount (\$)

8/8/02

Travis County Democratic Party

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

1250.00

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

Donation

Date

Payee name

Amount (\$)

8/29/02

The University Hills Optimist Soccer League

Payee address; City; State; Zip Code
Austin, Tx

175.00

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

Sponsor

Date

Payee name

Amount (\$)

9/13/02

New Milestones Foundation

Payee address; City; State; Zip Code
Austin, Tx

120.00

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

Luncheon Tickets

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 FILER NAME

GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/28/02

5 Payee name
The Council of State Governments

7 Amount (\$)

6 Payee address; City; State; Zip Code

24.00

P. O. Box 11910 Lexington, KY 40578-1910

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

Publication fee for local bill for Citizens for a Travis County Hospital District

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

Date

Payee name

Amount (\$)

11/20/02

Dell Computers

Payee address; City; State; Zip Code

667.06

Mellon Bank, Dallas Lockbox

888 S. Greenville Ave., Ste. 200 Richardson, Tx 75081

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

Computer and Accessories

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

Date

Payee name

Amount (\$)

11/25/02

Travis County Bar Association

Payee address; City; State; Zip Code

115.00

700 Lavaca, Ste. 602 Austin, Tx 78701-3111

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

Membership Dues

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

Date

Payee name

Amount (\$)

11/25/02

Texas Bar Foundation

Payee address; City; State; Zip Code

200.00

P. O. Box 12487 Austin, Texas 78711-2487

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

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 FILER NAME
GUY HERMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date
12/13/02

5 Payee name
Austin American Statesman

7 Amount (\$)

6 Payee address; City; State; Zip Code
P. O. Box 1231 San Antonio, Tx 78294-1231

71.82

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

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

Date
12/13/02

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
12/13/02

Payee name
Z-Tejas Grill
Payee address; City; State; Zip Code
1110 West 6th St. Austin Tx 78701

Amount (\$)
215.00

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

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

Date
12/18/02

Payee name
Alliance for Judicial Funding
Payee address; City; State; Zip Code
6034 West Courtyard Drive Ste. 100B Austin Tx 78730-5070

Amount (\$)
200.00

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED