



# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

15 C/OH NAME

**Guy Herman**

16 ACCOUNT # (Ethics Commission (Here))

17 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

18 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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 4,875.32

CONTRIBUTION BALANCE

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

\$ 67,898.58

OUTSTANDING LOAN TOTALS

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

\$

19 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.

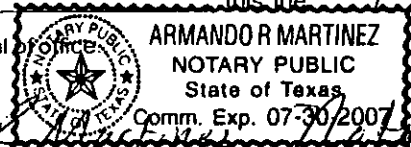
*Guy Herman*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Guy Herman this the 9th day of January, 2004, 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



Armando R Martinez  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>4</b>
2 FILER NAME <b>Guy Herman</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>7/8/03</b>	5 Payee name <b>Melissa Voigt</b> 6 Payee address; City; State; Zip Code <b>c/o P. O. Box 1748 Austin Tx 78767</b>	7 Amount (\$)  <b>45.00</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Reimbursement for service repair person for office refrigerator</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>7/21/03</b>	Payee name <b>Austin American Statesman</b> Payee address; City; State; Zip Code <b>P. O. Box 1231 San Antonio Tx 78294-1231</b>	Amount (\$)  <b>53.34</b>
Purpose of payment (See instructions regarding type of information required.) <b>Publication fee</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>7/23/03</b>	Payee name <b>Capital Area Progressive Democrats</b> Payee address; City; State; Zip Code <b>P. O. Box 142175 Austin Tx 78714-2175</b>	Amount (\$)  <b>50.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Donation</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>7/28/03</b>	Payee name <b>Mitzi Matijevich</b> Payee address; City; State; Zip Code <b>c/o P. O. Box 1748 Austin Tx 78767</b>	Amount (\$)  <b>49.98</b>
Purpose of payment (See instructions regarding type of information required.) <b>Purchase picture frames for office</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> 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  
**8/19/03**

5 Payee name  
**Austin AFL-CIO**

7 Amount (\$)

6 Payee address; City; State; Zip Code

**P. O. Box 684644 Austin Tx 78768-4644**

**95.00**

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

**Political advertisement**

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

**8/19/03**

**Citizens for Central Texas Health**

Payee address; City; State; Zip Code

**P. O. Box 28096 Austin Tx 78755**

**2,500.00**

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

**Contribution**

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

**8/22/03**

**AYLA**

Payee address; City; State; Zip Code

**816 Congress Ave. Ste. 700 Austin Tx 78701**

**50.00**

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

**Political advertisement**

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

**8/27/03**

**Gonzalo Barrientos Campaign**

Payee address; City; State; Zip Code

**905 E. 7th St. Austin Tx 78702**

**100.00**

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

**Two tickets for fundraiser**

.. 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:  
1

2 FILER NAME  
**Guy Herman**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**10/01/03**

5 Payee name  
**Travis County Democratic Party**

7 Amount (\$)

6 Payee address; City; State; Zip Code

**706 W. Martin L. King, Jr., Blvd. Austin Tx 78701**

**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 (\$)

**10/02/03**

**ACS-U.T. Law School Chapter**

Payee address; City; State; Zip Code

**727 E. Dean Keeton St. Austin Tx 78705**

**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

Payee name

Amount (\$)

**10/03/03**

**Schwab**

Payee address; City; State; Zip Code

**522 Congress Ave Austin Tx 78701**

**100.00**

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

**Applied to office-holder account to curtail interest on margin loan**

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

Date

Payee name

Amount (\$)

**11/03/03**

**Briefings Publishing Group**

Payee address; City; State; Zip Code

**Dept. APC 110**

**1101 King St., Ste. 110 Alexandria Va 22314**

**307.00**

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

**Publication**

\*\* 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:

2 FILER NAME

**Guy Herman**

3 ACCOUNT # (Ethics Commission filers):

4 Date  
**12/01/03**

5 Payee name  
**Central Austin Democrats**

7 Amount (\$)

6 Payee address; City; State; Zip Code

**c/o J. Raines 1501 Barton Springs #233 Austin Tx  
78704**

**50.00**

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

**12/18/03**

Payee name  
**Trulock's of Austin**

Amount (\$)

Payee address; City; State; Zip Code

**400 Colorado Austin Tx 78701**

**800.00**

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

**Staff gifts**

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

Candidate / Officeholder name Office sought Office held

Date

**12/22/03**

Payee name  
**Guy Herman**

Amount (\$)

Payee address; City; State; Zip Code

**c/o P. O. Box 1748 Austin Tx 78767**

**175.00**

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

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

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