

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5801**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	MS / MRS / MR Mr. NICKNAME	FIRST Guy LAST Herman	MI S. SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P. O. Box 2561	APT / SUITE #: 	CITY: Austin STATE: Tx ZIP CODE: 78768
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 854-9258	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms. NICKNAME	FIRST Martha LAST Dickie	MI S. SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 1100 Guadalupe	APT / SUITE #: 	CITY: Austin STATE: Tx ZIP CODE: 78701
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 476-4873	EXTENSION
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month: 01 Day: 01 Year: 04	THROUGH	Month: 06 Day: 30 Year: 04
11 ELECTION	ELECTION DATE Month: / Day: / Year: /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Probate Judge	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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: Address / PO Box: Apt. / Suite #: City: State: Zip Code:		

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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 \$ 208.42

4. TOTAL POLITICAL EXPENDITURES \$ 3,663.33

CONTRIBUTION BALANCE

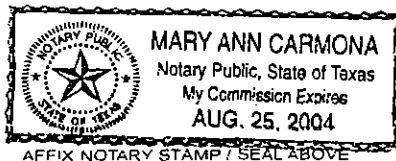
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 64,289.22

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

Sworn to and subscribed before me, by the said Guy Herman, this the 13th day of July, 2004, to certify which, witness my hand and seal of office.

Mary Ann Carmona MARY ANN CARMONA Notary
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

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 1/12/04	5 Payee name Travis County Democratic Party 6 Payee address: City; State; Zip Code 706 W. Martin Luther King, Jr., Austin, Tx 78701	7 Amount (\$) 500.00
8 Purpose of payment (See instructions regarding type of information required.) Filing Day Dinner		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 1/21/04	Payee name Travis County Bar Association Payee address; City; State; Zip Code 816 Congress Ave. Austin Tx 78701	Amount (\$) 135.00
Purpose of payment (See instructions regarding type of information required.) Membership Dues		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 1/21/04	Payee name Guy Herman Payee address; City; State; Zip Code P. O. Box 1748, Room 217 Austin Tx 78767	Amount (\$) 125.16
Purpose of payment (See instructions regarding type of information required.) Flowers for Funeral (Father of employee)		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 1/22/04	Payee name PLAN Payee address; City; State; Zip Code 1339 Lamar Sq. Dr. #203A Austin Tx 78704-2205	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) Contribution		<small>** Complete if direct expenditure to benefit C/OH **</small> 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 1/26/04	5 Payee name Guy Herman	7 Amount (\$) 95.00
6 Payee address: City: State: Zip Code P. O. Box 1748, Room 217 Austin Tx 78767		
8 Purpose of payment (See instructions regarding type of information required.) Polling Report		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/20/04	Payee name Guy Herman	Amount (\$) 129.95
Payee address: City: State: Zip Code P. O. Box 1748, Room 217 Austin Tx 78767		
Purpose of payment (See instructions regarding type of information required.) On-line Political Publication		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/26/04	Payee name Susan Whitman	Amount (\$) 99.99
Payee address: City: State: Zip Code P. O. Box 1748, Room 217 Austin Tx 78767		
Purpose of payment (See instructions regarding type of information required.) Microwave for Office		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/14/04	Payee name Citizens for a Travis County Hospital District	Amount (\$) 765.42
Payee address: City: State: Zip Code P. O. Box 28096 Austin Tx 78755-8096		
Purpose of payment (See instructions regarding type of information required.) Donation (Creation of Hospital District)		** 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 4/29/04	5 Payee name Citizens for a Travis County Hospital District 6 Payee address: City: State: Zip Code P. O. Box 28096 Austin Tx 78755-8096	7 Amount (\$) 1250.00
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 5/7/04	Payee name "APC/Vote 2004" Payee address: City: State: Zip Code 309 East 21st St. Austin Tx 78705	Amount (\$) 100.00
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 5/10/04	Payee name Melissa Voigt Payee address: City: State: Zip Code P. O. Box 1748, Room 217 Austin Tx 78767	Amount (\$) 69.39
Purpose of payment (See instructions regarding type of information required.) Additional funds for departing employee gift		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/16/04	Payee name John Mueller B B Que Payee address: City: State: Zip Code 1917 Manor Rd. Austin Tx 78722	Amount (\$) 85.00
Purpose of payment (See instructions regarding type of information required.) Luncheon for departing employee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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