

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5891

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:

7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR Mr. FIRST Guy MI S.
NICKNAME LAST Herman SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: P.O. Box 2561 APT / SUITE #: Austin CITY: Texas STATE: 78768 ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE (512) PHONE NUMBER 854-9258 EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR Ms. FIRST Martha MI S.
NICKNAME LAST Dickie SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1100 Guadalupe St. APT / SUITE #: Austin CITY: Texas STATE: 78701 ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE (512) PHONE NUMBER 476-4873 EXTENSION

9 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 JC/OH - FR)

10 PERIOD COVERED

Month Day Year 07 / 01 / 04 THROUGH Month Day Year 12 / 31 / 04

11 ELECTION

ELECTION DATE Month Day Year / / ELECTION TYPE Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) Probate Judge

13 OFFICE SOUGHT (if known)

14 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

15 C/OH NAME
Guy S. Herman

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

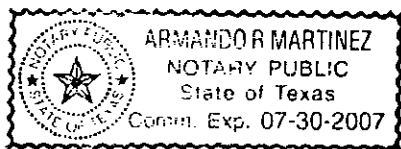
** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> add other pages	COMMITTEE TYPE	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	\$ 297.08
	4. TOTAL POLITICAL EXPENDITURES	\$ 5945.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 63387.62
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 S. Herman
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Guy S. Herman, this the 13th day of January, 2005, to certify which, witness my hand and seal of office.

Armando R. Martinez Armando R. Martinez Notary Public State of Texas
 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: 4
2 FILER NAME Guy S. Herman		3 ACCOUNT # (Ethics Commission Files)
4 Date 7/12/04	5 Payee name Bilingo Language Services	7 Amount (\$) 513.90
6 Payee address: City: State: Zip Code 2505 Princeton Dr. Austin Texas 78741-5712		
8 Purpose of payment (See instructions regarding type of information required.) Translate speech from English to Spanish		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/31/04	Payee name Luby's Cafeteria	Amount (\$) 100.00
Payee address: City: State: Zip Code 1616 E. Oltorf Austin Texas 78741		
Purpose of payment (See instructions regarding type of information required.) Gift for hospitalized staff member		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/31/04	Payee name Travis County Democratic Party	Amount (\$) 500.00
Payee address: City: State: Zip Code 706 W. Martin Luther King Jr. Blvd Austin Tx 78701		
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 9/1/04	Payee name AYLA	Amount (\$) 56.25
Payee address: City: State: Zip Code 816 Congress, 7th Floor Austin Texas 78701		
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

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 S. Herman		3 ACCOUNT # (Ethics Commission file#)
4 Date 9/13/04	5 Payee name Garden Ridge	7 Amount (\$) 215.15
6 Payee address, City, State, Zip Code 5151A US Hwy. 290 W. Austin Texas 78735		
8 Purpose of payment (See instructions regarding type of information required.) Retirement gift for staff member	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 9/16/04	Payee name Guy Herman	Amount (\$) 1087.50
Payee address, City, State, Zip Code c/o P.O. Box 1748 Austin Texas 78767		
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for attendant costs for speech presentation	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/3/04	Payee name Jana Cotton	Amount (\$) 81.80
Payee address, City, State, Zip Code c/o P.O. Box 1748 Austin Texas 78767		
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for supplies for staff member's retirement party	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/3/04	Payee name Travis County Democratic Party	Amount (\$) 500.00
Payee address, City, State, Zip Code 706 W. Martin Luther King Jr. Blvd. Austin Tx 78701		
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	

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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 S. Herman		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/11/04	5 Payee name Nick Dominguez 6 Payee address: City: State: Zip Code c/o P.O. Box 1748 Austin Texas 78767	7 Amount (\$) 136.00
8 Purpose of payment (See instructions regarding type of information required.) Medical expense for staff member		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/3/04	Payee name Austin Land and Cattle Co. Payee address: City: State: Zip Code 1205 N. Lamar Blvd. Austin Texas 78703	Amount (\$) 950.00
Purpose of payment (See instructions regarding type of information required.) Dinner for retiring staff member		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/15/04	Payee name Guy Herman Payee address: City: State: Zip Code c/o P.O. Box 1748 Austin Texas 78767	Amount (\$) 358.30
Purpose of payment (See instructions regarding type of information required.) Reimbursement for staff Christmas party		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/16/04	Payee name American Constitution Society Payee address: City: State: Zip Code 50 F. St. NW, Ste. 5200 Washington D.C. 20001	Amount (\$) 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

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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 S. Herman		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/22/04	5 Payee name Truluck's of Austin	7 Amount (\$) 900.00
6 Payee address: City: State: Zip Code 400 Colorado St. Austin Texas 78701		
8 Purpose of payment (See instructions regarding type of information required.) Gifts for staff members		9 ** 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
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

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**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 S. Herman

3 ACCOUNT # (Ethics Commission file)

4 Date
9/16/04

5 Payee name
Guy Herman
6 Payee address City State Zip Code
c/o P.O. Box 1748 Austin Texas 78767

8 Amount (\$)
1087.50

7 Purpose of expenditure
Reimbursement for attendant costs for
speech presentation

Reimbursement from
political contributions
intended

Date
12/15/04

Payee name
Guy Herman
Payee address: City State Zip Code
c/o P.O. Box 1748 Austin Texas 78767

Amount (\$)
358.30

Purpose of expenditure
Reimbursement for staff Christmas party

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

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