

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6029

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: <div style="text-align: center; font-size: 24pt; font-weight: bold;">4</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Guy S. NICKNAME LAST SUFF X <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Herman</div>	<div style="text-align: center; font-weight: bold; font-size: 0.8em;">OFFICE USE ONLY</div> Date Received <div style="text-align: center; font-size: 1.2em; font-weight: bold;">JUN 15 12:50</div> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 2561 Austin Texas 78768										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 854-9258										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Martha S. NICKNAME LAST SUFFIX <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Dickie</div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 2301 Capital of Texas Hwy., Bldg. H, Austin, Texas 78746										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 474-9486										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (off-oholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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 (off-oholder 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)
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10 PERIOD COVERED	Month: Day: Year: THROUGH Month: Day: Year: 01 / 01 / 2005 06 / 30 / 2005										
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										

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 **

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 \$ 172.89

4. TOTAL POLITICAL EXPENDITURES \$ 2950.35

CONTRIBUTION BALANCE

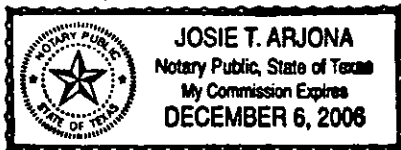
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 57676.80

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 _____ day of **July**, 20 **05**, to certify which, witness my hand and seal of office.

Josie T. Arjona
Signature of officer administering oath

Josie T. Arjona
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:
2**2** FILER NAME**Guy S. Herman****3** ACCOUNT # (Ethics Commission file #)**4** Date**1/14/05****5** Payee name**Austin Bar Association****7** Amount
(S)**155.00****6** Payee address: City: State: Zip Code**816 Congress Ave., Suite 700, Austin, TX 78701****8** Purpose of payment (See instructions regarding type of information required.)**Membership and section dues****9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

1/24/05

Payee name

Christy NisbettAmount
(S)**280.00**

Payee address: City: State: Zip Code

5100 Lea Cove, Austin, TX 78731

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

**Reimbursement for catering for ACS
lunch (Amaya's Taco Village)****9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

1/26/05

Payee name

Mitzi MatijevichAmount
(S)**118.96**

Payee address: City: State: Zip Code

PO Box 684888, Austin, TX 78768

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

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

Date

2/24/05

Payee name

American Constitution SocietyAmount
(S)**250.00**

Payee address: City: State: Zip Code

50 F Street, NW, Suite 5200, Washington D.C. 20001

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**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

2 FILER NAME

Guy S. Herman

3 ACCOUNT # (Ethics Commission files)

4 Date

5/9/05

5 Payee name

RCL Portrait Design

7 Amount (\$)

223.50

6 Payee address, City, State, Zip Code

107 Ranch Road 620S, Lakeway, TX 78734

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

Photographs

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

Candidate / Officeholder name Office sought Office held

Date

5/13/05

Payee name

Travis County Democratic Party

Amount (\$)

1500.00

Payee address, City, State, Zip Code

PO Box 684263, Austin, TX 78768-4263

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

Sponsorship

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

Candidate / Officeholder name Office sought Office held

Date

5/25/05

Payee name

American Constitution Society

Amount (\$)

250.00

Payee address, City, State, Zip Code

50 F Street, NW, Suite 5200, Washington DC 20001

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

Convention scholarship (Austin attorney)

** 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