

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME HERMAN, GUY (Hon.)

15 ACCOUNT # (Ethics Commission filers)

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

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 25.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 375.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 325.57

4. TOTAL POLITICAL EXPENDITURES \$ 5,810.99

CONTRIBUTION BALANCE

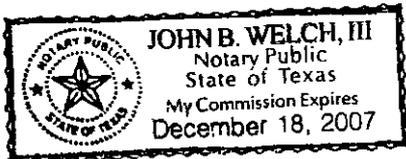
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 99,021.79

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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 14 day of July, 2006, to certify which, witness my hand and seal of office.

John B. Welch III
Signature of officer administering oath

John B Welch
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 PAGE # Schedule: 1/1 Report: 3/8	
2 FILER NAME HERMAN, GUY (Hon.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 01/18/2006	5 Full name of contributor Fox, Bruce (Mr.) <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 404 W. 13th Street Austin, TX 78701-1825	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer/law firm Solo private law practice		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 01/09/2006	Full name of contributor Weldon, Terry (Mr.) <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 401 Little Texas Lane #2315 Austin, TX 78745	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Solo private law practice		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 4/8
2 FILER NAME HERMAN, GUY (Hon.)		3 ACCOUNT # (Ethics Commission files)
4 Date 04/25/2006	5 Payee name Austin's Pizza 6 Payee address; City; State; Zip Code 800 W. 12th Austin, TX 78701	7 Amount (\$) \$50.53
8 Purpose of payment (See instructions regarding type of information required.) Jamie's birthday lunch		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 01/19/2006	Payee name Herman, Guy (Hon.) Payee address; City; State; Zip Code P.O. Box 2561 Austin, TX 78768	Amount (\$) \$117.26
Purpose of payment (See instructions regarding type of information required.) Reimbursement for office supplies & office water		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 02/21/2006	Payee name Herman, Guy (Hon.) Payee address; City; State; Zip Code P.O. Box 2561 Austin, TX 78768	Amount (\$) \$52.50
Purpose of payment (See instructions regarding type of information required.) ACS CLE for office		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 03/02/2006	Payee name Herman, Guy (Hon.) Payee address; City; State; Zip Code P.O. Box 2561 Austin, TX 78768	Amount (\$) \$124.60
Purpose of payment (See instructions regarding type of information required.) Judge Justice luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 5/8
2 FILER NAME HERMAN, GUY (Hon.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 06/06/2006	5 Payee name Herman, Guy (Hon.) 6 Payee address; City; State; Zip Code P.O. Box 2561 Austin, TX 78768	7 Amount (\$) \$250.00
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for goodbye lunch for Law Clerk, Castle Hill Cafe		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 05/03/2006	Payee name Jason's Deli Payee address; City; State; Zip Code 1000 E. 41st Street Austin, TX 78751	Amount (\$) \$60.00
Purpose of payment (See instructions regarding type of information required.) Guardianship-video lunch		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 02/21/2006	Payee name Northwest Little League Payee address; City; State; Zip Code 3105 Hunt Trail Austin, TX 78757	Amount (\$) \$450.00
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 04/27/2006	Payee name Office Max Payee address; City; State; Zip Code 907 W. 5th Street Austin, TX 78701	Amount (\$) \$54.11
Purpose of payment (See instructions regarding type of information required.) Double gusset computer portfolio		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 6/8
2 FILER NAME HERMAN, GUY (Hon.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 06/22/2006	5 Payee name Rounders Pizzeria 6 Payee address; City; State; Zip Code 1203 W. 6th Street Austin, TX 78703	7 Amount (\$) \$120.00
8 Purpose of payment (See instructions regarding type of information required.) Guardianship-video lunch		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 04/14/2006	Payee name Texas Guardianship Association Payee address; City; State; Zip Code P.O. Box 24037 Waco, TX 76702-4037	Amount (\$) \$80.00
Purpose of payment (See instructions regarding type of information required.) Membership		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 01/19/2006	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Finance committee 2000		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 01/19/2006	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Light a Fire for Democracy fundraiser table		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/4 Report: 7/8

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/20/2006

5 Payee name
Travis County Democratic Party

7 Amount
(\$)

\$2,500.00

6 Payee address; City; State; Zip Code
P.O. Box 684263
Austin, TX 78768-4263

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

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:

Office sought:
Office held:

Date

05/30/2006

Payee name
Whitman, Susan (Ms.)

Amount
(\$)

\$126.42

Payee address; City; State; Zip Code
7603 Ridgestone Dr.
Austin, TX 78731

Purpose of payment (See instructions regarding type of information required.)
Reimbursement for Law Clerk farewell gifts

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:

Office sought:
Office held:

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 8/8

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
01/06/2006	Charles Schwab 6 Payor address; City; State; Zip Code 101 Montgomery Street San Francisco, CA 94104	\$2.01
	7 Reason for credit Transfer of funds.	