

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)
00000001

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. ..

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

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 306.13

4. TOTAL POLITICAL EXPENDITURES \$ 2,164.59

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 92,358.03

OUTSTANDING LOAN TOTALS

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

18 AFFIDAVIT

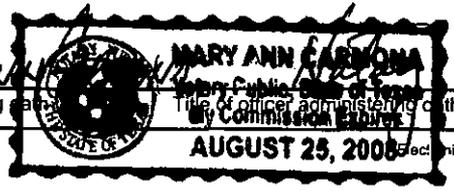
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 9 day of July, 2007, to certify which, witness my hand and seal of office.

Mary Ann Carmona *Mary Ann Carmona*
Signature of officer administering oath Print name of officer administering oath



POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/6 Report: 3/9

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 02/07/2007	5 Payee name Gianotti, Michael (Mr.) 6 Payee address; City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660	7 Amount (\$) \$64.56
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8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for pizza & salad for staff meeting. <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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4 Date 02/23/2007	5 Payee name Gianotti, Michael (Mr.) 6 Payee address; City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660	7 Amount (\$) \$30.00
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8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for office coffee <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 2/6 Report: 4/9

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name Gianotti, Michael (Mr.)	7 Amount (\$)
03/23/2007	6 Payee address; City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660	\$19.90

8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for office coffee <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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4 Date	5 Payee name Gianotti, Michael (Mr.)	7 Amount (\$)
04/16/2007	6 Payee address; City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660	\$20.60

8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for office coffee <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 3/6 Report: 5/9

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name Gianotti, Michael (Mr.)	7 Amount (\$)
05/10/2007	6 Payee address; City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660	\$21.90

8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for office coffee <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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4 Date	5 Payee name Gianotti, Michael (Mr.)	7 Amount (\$)
06/04/2007	6 Payee address; City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660	\$23.90

8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for office coffee <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/6 Report: 6/9

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name New Milestones Foundation	7 Amount (\$)
03/22/2007	6 Payee address; City; State; Zip Code P.O. Box 3211 Austin, TX 78764-3211	\$500.00

8 Purpose of payment (See instructions regarding type of information required.) 2007 Champions Event Sponsorship	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	Office sought: Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date	5 Payee name Northwest Little League	7 Amount (\$)
02/27/2007	6 Payee address; City; State; Zip Code 3105 Hunt Trail Austin, TX	\$250.00

8 Purpose of payment (See instructions regarding type of information required.) Donation for field maintenance & improvement	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	Office sought: Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 5/6 Report: 7/9

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 02/27/2007	5 Payee name Northwest Little League 6 Payee address; City; State; Zip Code 3105 Hunt Trail Austin, TX 78757	7 Amount (\$) \$450.00
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8 Purpose of payment (See instructions regarding type of information required.) Team sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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4 Date 03/07/2007	5 Payee name Ozarka Spring Water Co. 6 Payee address; City; State; Zip Code #216, 6661 Dixie Highway Suite 4 Louisville, KY 40258	7 Amount (\$) \$55.00
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8 Purpose of payment (See instructions regarding type of information required.) Share of office water <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/6 Report: 8/9

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

03/07/2007

5 Payee name
Travis County Democratic Party

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

7 Amount (\$)

\$250.00

8 Purpose of payment
(See instructions regarding type of information required.)
Sponsorship, Travis County legislative delegation

Payment for travel outside Texas (complete boxes 10-16)

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

Office sought:
Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 9/9

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
04/20/2007

5 Payee name
Jasper's BBQ

6 Payee address; City; State; Zip Code
105 Clifton Street
Waco, TX 76704

7 Amount (\$)
\$38.60

Reimbursement from political contributions intended

8 Purpose of expenditure
(See instructions regarding type of information required.)
Took 2008-2010 Law Clerk and summer 2007 law clerk to lunch in Waco on 4/13/2007.

Payment for travel outside Texas (complete boxes 9-15)

9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

10 Departure city / location

11 Departure date

12 Destination city / location

13 Arrival date

14 Means of transportation

15 Purpose of travel

4 Date
04/27/2007

5 Payee name
Star of India Restaurant

6 Payee address; City; State; Zip Code
2900 W. Anderson Lane
Austin, TX 78757

7 Amount (\$)
\$134.00

Reimbursement from political contributions intended

8 Purpose of expenditure
(See instructions regarding type of information required.)
Food for Lee Elementary Geography Day program

Payment for travel outside Texas (complete boxes 9-15)

9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

10 Departure city / location

11 Departure date

12 Destination city / location

13 Arrival date

14 Means of transportation

15 Purpose of travel