

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6642

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00000001

2 PAGE #
1 of 12

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Hon. GUY
NICKNAME LAST SUFFIX
HERMAN

OFFICE USE ONLY

Date Received

TRAVIS COUNTY CLERK
TRAVIS COUNTY TEXAS

Date Hand Delivered or Date Postmarked

53

Receipt #

Amount

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

Change of Address

5 CAMPAIGN
TREASURER
NAME

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

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
2301 Capital of Texas Highway
Bldg. H
Austin, TX 78746

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 474-9486

8 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 C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
07/01/2007 12/31/2007

10 ELECTION

Month ELECTION DATE Day Year ELECTION TYPE
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
Travis County Probate Judge

12 OFFICE SOUGHT (if known)

13 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

FILED FOR RECORD
JAN 1 1 PM 4 54
TRAVIS COUNTY CLERK
TRAVIS COUNTY TEXAS

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM **JC/OH**
COVER SHEET PG 2

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

15 ACCOUNT # (Ethics Commission files)
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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	62.61
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4. TOTAL POLITICAL EXPENDITURES	\$	6,385.74
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CONTRIBUTION BALANCE

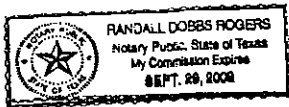
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	85,687.21
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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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 11th day of January, 2008, to certify which, witness my hand and seal of office.

Randall Dobbs Rogers RANDALL DOBBS ROGERS NOTARY PUBLIC
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 PAGE #
Schedule: 1/8 Report: 3/12**2** FILER NAME HERMAN, GUY (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name	7 Amount (\$)
10/02/2007	American Constitution Society for Law & Policy 6 Payee address; City; State; Zip Code 1333 H Street, NW 11th Floor Washington, DC 20005	\$250.00

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

2007 Membership & contribution

(If travel outside of Texas, complete Schedule T) **9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date	Payee name	Amount (\$)
08/06/2007	Austin AFL-CIO 6 Payee address; City; State; Zip Code 1106 Lavaca Austin, TX 78701	\$145.00

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

2007 Labor Day celebration program advertisement, eighth-page

(If travel outside of Texas, complete Schedule T) **9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date	Payee name	Amount (\$)
12/28/2007	Austin Community Foundation 6 Payee address; City; State; Zip Code P.O. Box 5159 Austin, TX 78763	\$500.00

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

Donation to The Jack Jenkins Debate Opportunity Fund, endowed fund, Austin Community Foundation

(If travel outside of Texas, complete Schedule T) **9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date	Payee name	Amount (\$)
08/15/2007	AYLA Foundation 6 Payee address; City; State; Zip Code 816 Congress Ave. Suite 700 Austin, TX 78701	\$67.50

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

Bar & Grill Advertisement (first installment)

(If travel outside of Texas, complete Schedule T) **9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/8 Report: 4/12

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name AYLA Foundation	7 Amount (\$)
09/12/2007	6 Payee address: City; State; Zip Code 816 Congress Ave. Suite 700 Austin, TX 78701	\$13.75

8 Purpose of payment (See instructions regarding type of information required.) Bar & Grill Advertisement (remaining installment)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Democratic National Committee	Amount (\$)
10/02/2007	Payee address: City; State; Zip Code 430 South Capitol St., SE Washington, DC 20003	\$250.00

Purpose of payment (See instructions regarding type of information required.) 2007 Contribution	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Duplium Corporation	Amount (\$)
10/25/2007	Payee address: City; State; Zip Code 2029 Westgate Drive Suite 120 Carrollton, TX 75006	\$15.32

Purpose of payment (See instructions regarding type of information required.) Balance due for Instructions for New Guardians DVD	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name El Mercado Restaurant	Amount (\$)
12/14/2007	Payee address: City; State; Zip Code 1702 Lavaca Austin, TX 78701	\$450.00

Purpose of payment (See instructions regarding type of information required.) Christmas party, office & former office	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/8 Report: 5/12
2 FILER NAME HERMAN, GUY (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 07/05/2007	5 Payee name Gianotti, Michael (Mr.) 6 Payee address: City: State: Zip Code 902 Harvard Drive Pflugerville, TX 78660	7 Amount (\$) \$26.90
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for office coffee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/27/2007	Payee name Gianotti, Michael (Mr.) Payee address: City: State: Zip Code 902 Harvard Drive Pflugerville, TX 78660	Amount (\$) \$23.40
Purpose of payment (See instructions regarding type of information required.) Reimbursement for office coffee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/05/2007	Payee name Herman, Guy (Hon.) Payee address: City: State: Zip Code P.O. Box 2561 Austin, TX 78768	Amount (\$) \$120.00
Purpose of payment (See instructions regarding type of information required.) Reimbursement for staff goodbye lunch, De Las Casas Mexican Restaurant 7/05/07 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/08/2007	Payee name Herman, Guy (Hon.) Payee address: City: State: Zip Code P.O. Box 2561 Austin, TX 78768	Amount (\$) \$383.50
Purpose of payment (See instructions regarding type of information required.) Reimbursement for art print for Judge's office, Pictopia, Inc., 8/08/07 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/8 Report: 6/12

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name Herman, Guy (Hon.)	7 Amount (\$)
12/08/2007	6 Payee address; City; State; Zip Code P.O. Box 2561 Austin, TX 78768	\$86.58

8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for fried turkeys for interns' holiday pot luck, Popeye's 12/05/07 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Herman, Guy (Hon.)	Amount (\$)
12/18/2007	Payee address; City; State; Zip Code P.O. Box 2561 Austin, TX 78768	\$200.00

Purpose of payment (See instructions regarding type of information required.) Reimbursement for Christmas party, office & former office, beverages, El Mercado 12/14/07 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Herman, Guy (Hon.)	Amount (\$)
12/18/2007	Payee address; City; State; Zip Code P.O. Box 2561 Austin, TX 78768	\$17.93

Purpose of payment (See instructions regarding type of information required.) Reimbursement for paper goods for Cajun Christmas with FE legal director, etc., Target, 12/11/07 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Herman, Guy (Hon.)	Amount (\$)
12/28/2007	Payee address; City; State; Zip Code P.O. Box 2561 Austin, TX 78768	\$750.00

Purpose of payment (See instructions regarding type of information required.) Reimbursement for Christmas gifts for office staff, Alamo Draffhouse 12/17/07 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** 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** PAGE #
Schedule: 5/8 Report: 7/12**2** FILER NAME HERMAN, GUY (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 09/12/2007	5 Payee name Nisbett, Christy (Ms.) 6 Payee address: City; State; Zip Code 5100 Lea Cove Austin, TX 78731	7 Amount (\$) \$22.72
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8 Purpose of payment (See instructions regarding type of information required.)

Reimbursement for 3 Brita filters for office coffee

(If travel outside of Texas, complete Schedule T) **9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date 10/11/2007	Payee name Nisbett, Christy (Ms.) Payee address: City; State; Zip Code 5100 Lea Cove Austin, TX 78731	Amount (\$) \$48.66
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Purpose of payment (See instructions regarding type of information required.)

Reimbursement for bins for office refrigerator

(If travel outside of Texas, complete Schedule T) **** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:

Date 11/09/2007	Payee name Nisbett, Christy (Ms.) Payee address: City; State; Zip Code 5100 Lea Cove Austin, TX 78731	Amount (\$) \$72.71
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Purpose of payment (See instructions regarding type of information required.)

Reimbursement courtroom clock, microwavable plates for office, wrapping paper for State School

(If travel outside of Texas, complete Schedule T) **** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:

Date 12/18/2007	Payee name Nisbett, Christy (Ms.) Payee address: City; State; Zip Code 5100 Lea Cove Austin, TX 78731	Amount (\$) \$15.10
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Purpose of payment (See instructions regarding type of information required.)

Reimbursement for buying three extra gifts for the State School party (Randalls)

(If travel outside of Texas, complete Schedule T) **** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/8 Report: 8/12
2 FILER NAME HERMAN, GUY (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 08/06/2007	5 Payee name Policy Research Associates 6 Payee address; City; State; Zip Code 345 Delaware Avenue Delmar, NY 12054	7 Amount (\$) \$24.00
8 Purpose of payment (See instructions regarding type of information required.) Judges' Guide to Mental Health Jargon (6 copies) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/28/2007	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	Amount (\$) \$120.00
Purpose of payment (See instructions regarding type of information required.) One-year sustaining membership (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/02/2007	Payee name University of Texas at San Antonio Payee address; City; State; Zip Code Development Office One UTSA Circle San Antonio, TX 78249-0618	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Contribution (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/18/2007	Payee name Voigt, Melissa (Ms.) Payee address; City; State; Zip Code P.O. Box 96 Red Rock, TX 78662	Amount (\$) \$24.90
Purpose of payment (See instructions regarding type of information required.) Water for office (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/8 Report: 9/12
2 FILER NAME HERMAN, GUY (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 08/06/2007	5 Payee name Voigt, Melissa (Ms.) 6 Payee address; City; State; Zip Code P.O. Box 96 Red Rock, TX 78662	7 Amount (\$) \$12.90
8 Purpose of payment (See instructions regarding type of information required.) Water for office (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/14/2007	Payee name Voigt, Melissa (Ms.) Payee address; City; State; Zip Code P.O. Box 96 Red Rock, TX 78662	Amount (\$) \$12.00
Purpose of payment (See instructions regarding type of information required.) Water for office (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/02/2007	Payee name Voigt, Melissa (Ms.) Payee address; City; State; Zip Code P.O. Box 96 Red Rock, TX 78662	Amount (\$) \$10.50
Purpose of payment (See instructions regarding type of information required.) Water for office (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/01/2007	Payee name Whitman, Susan (Hon.) Payee address; City; State; Zip Code 7603 Ridgestone Dr. Austin, TX 78731	Amount (\$) \$31.79
Purpose of payment (See instructions regarding type of information required.) Reimbursement for Costco office supplies, coffee, plasticware (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 8/8 Report: 10/12**2** FILER NAME HERMAN, GUY (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 10/01/2007	5 Payee name Whitman, Susan (Hon.) 6 Payee address; City; State; Zip Code 7603 Ridgestone Dr. Austin, TX 78731	7 Amount (\$) \$38.00
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8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for office birthday cakes (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 10/11/2007	Payee name Whitman, Susan (Hon.) Payee address; City; State; Zip Code 7603 Ridgestone Dr. Austin, TX 78731	Amount (\$) \$15.98
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Purpose of payment (See instructions regarding type of information required.) Reimbursement for office coffee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 12/02/2007	Payee name Whitman, Susan (Hon.) Payee address; City; State; Zip Code 7603 Ridgestone Dr. Austin, TX 78731	Amount (\$) \$15.98
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Purpose of payment (See instructions regarding type of information required.) Reimbursement for office coffee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** 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 PAGE #
Schedule: 1/2 Report: 11/12

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 12/17/2007	5 Payee name Alamo Drafthouse 6 Payee address; City; State; Zip Code 320 E. 6th Street Austin, TX 78701	8 Amount (\$) \$750.00
	7 Purpose of expenditure (See instructions regarding type of information required.) Christmas gifts for office staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 07/05/2007	Payee name De Las Casas Mexican Restaurant Payee address; City; State; Zip Code 1209 E. 7th Street Austin, TX 78702-3222	Amount (\$) \$120.00
	Purpose of expenditure (See instructions regarding type of information required.) Goodbye lunch for Accountant Associate (Robert) and Accounting Clerk (Jared) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/14/2007	Payee name El Mercado Restaurant Payee address; City; State; Zip Code 1702 Lavaca Austin, TX 78701	Amount (\$) \$200.00
	Purpose of expenditure (See instructions regarding type of information required.) Christmas party, office & former office; beverages (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 08/08/2007	Payee name Pictopia, Inc. Payee address; City; State; Zip Code 1300 66th Street Emeryville, CA 94608	Amount (\$) \$383.50
	Purpose of expenditure (See instructions regarding type of information required.) Art print for judge's office (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/05/2007	Payee name Popeyes #2585 Payee address; City; State; Zip Code 516 W. Oltorf Austin, TX 78704	Amount (\$) \$86.58
	Purpose of expenditure (See instructions regarding type of information required.) Fried turkeys for interns' holiday pot luck. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

1 PAGE #
Schedule: 2/2 Report: 12/12

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

12/11/2007

5 Payee name
Target, Inc.

6 Payee address; City; State; Zip Code
5621 N IH 35
Austin, TX 78723

8 Amount (\$)

\$17.93

7 Purpose of expenditure (See instructions regarding type of information required.)
Paper goods for Cajun Christmas party with Family Eldercare legal director & others
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended