



# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

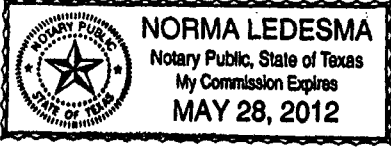
14 C/OH NAME HERMAN, GUY (Hon.)	15 ACCOUNT # (Ethics Commission filers) 00000001
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	.. This box is for notice of political expenditures by political committees to 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	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

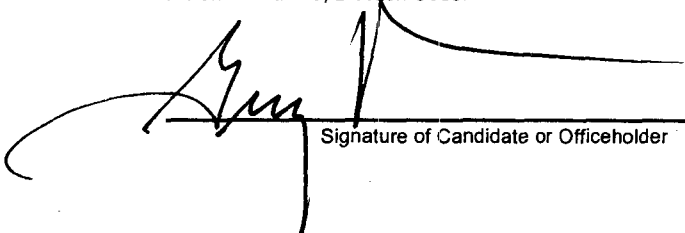
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 101.16
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,870.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 80,029.02
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.

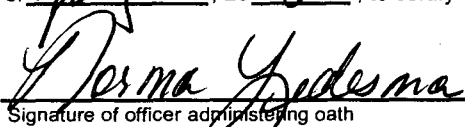


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Guy Herman, this the 14 day of July, 2008, to certify which, witness my hand and seal of office.



Signature of officer administering oath

NORMA LEDESMA

Print name of officer administering oath

Notary Republic

Title of officer administering oath

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/6 Report: 3/10
<b>2</b> FILER NAME HERMAN, GUY (Hon.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001
<b>4</b> Date  04/14/2008	<b>5</b> Payee name American Constitution Society for Law & Policy  <b>6</b> Payee address; City; State; Zip Code 1333 H Street, NW 11th Floor Washington, DC 20005	<b>7</b> Amount (\$)  \$250.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Contribution, membership renewal  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/07/2008	Payee name Austin Bar Association  Payee address; City; State; Zip Code 816 Congress Ave. Suite 700 Austin, TX 78701	Amount (\$)  \$155.00
Purpose of payment (See instructions regarding type of information required.) Membership dues, including Probate/Estate Planning section  (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  01/09/2008	Payee name Austin Tejano Democrats PAC  Payee address; City; State; Zip Code 5704 Shoal Creek Blvd. Austin, TX 78757	Amount (\$)  \$125.00
Purpose of payment (See instructions regarding type of information required.) Donation  (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  03/17/2008	Payee name Democratic National Committee  Payee address; City; State; Zip Code 430 South Capitol St., SE Washington, DC 20003	Amount (\$)  \$500.00
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:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/6 Report: 4/10

**2** FILER NAME HERMAN, GUY (Hon.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date	<b>5</b> Payee name Democratic National Committee	<b>7</b> Amount (\$)
06/18/2008	<b>6</b> Payee address; City; State; Zip Code 430 South Capitol St., SE Washington, DC 20003	\$1,000.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Contribution  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Herman, Guy (Hon.)	<b>Amount (\$)</b>
02/07/2008	<b>Payee address; City; State; Zip Code</b> P.O. Box 2561 Austin, TX 78768	\$20.00

<b>Purpose of payment (See instructions regarding type of information required.)</b> Reimbursement for ACS lunch for reporter, Guantanamo CLE  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Nisbett, Christy (Ms.)	<b>Amount (\$)</b>
02/28/2008	<b>Payee address; City; State; Zip Code</b> 5100 Lea Cove Austin, TX 78731	\$27.05

<b>Purpose of payment (See instructions regarding type of information required.)</b> Reimbursement for office scale  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Nisbett, Christy (Ms.)	<b>Amount (\$)</b>
06/02/2008	<b>Payee address; City; State; Zip Code</b> 5100 Lea Cove Austin, TX 78731	\$110.61

<b>Purpose of payment (See instructions regarding type of information required.)</b> Reimbursement for Katherine's goodbye clock (with engraving) & 3 Brita filters for the office  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/6 Report: 5/10
<b>2</b> FILER NAME HERMAN, GUY (Hon.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001
<b>4</b> Date  02/13/2008	<b>5</b> Payee name Northwest Little League  <b>6</b> Payee address; City; State; Zip Code 3105 Hunt Trail Austin, TX 78757	<b>7</b> Amount (\$)  \$500.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Team sponsorship  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/17/2008	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.) 2008 Organizational 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  05/07/2008	Payee name Travis County Democratic Party  Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	Amount (\$)  \$250.00
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  02/05/2008	Payee name Voigt, Melissa (Ms.)  Payee address; City; State; Zip Code P.O. Box 96 Red Rock, TX 78662	Amount (\$)  \$27.90
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.		<b>1</b> PAGE # Schedule: 4/6 Report: 6/10
<b>2</b> FILER NAME HERMAN, GUY (Hon.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001
<b>4</b> Date  05/01/2008	<b>5</b> Payee name Voigt, Melissa (Ms.)  <b>6</b> Payee address; City; State; Zip Code P.O. Box 96 Red Rock, TX 78662	<b>7</b> Amount (\$)  \$43.50
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Water for office  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/02/2008	Payee name Voigt, Melissa (Ms.)  Payee address; City; State; Zip Code P.O. Box 96 Red Rock, TX 78662	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) Towards farewell barbecue for Judge Whitman and Katherine Cheng  (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  01/22/2008	Payee name Whitman, Susan (Hon.)  Payee address; City; State; Zip Code 7603 Ridgestone Dr. Austin, TX 78731	Amount (\$)  \$6.27
Purpose of payment (See instructions regarding type of information required.) Reimbursement for soap for office kitchen  (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  02/14/2008	Payee name Whitman, Susan (Hon.)  Payee address; City; State; Zip Code 7603 Ridgestone Dr. Austin, TX 78731	Amount (\$)  \$16.64
Purpose of payment (See instructions regarding type of information required.) Reimbursement for office coffee & spoons  (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 <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 5/6 Report: 7/10
<b>2</b> FILER NAME HERMAN, GUY (Hon.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001
<b>4</b> Date  03/31/2008	<b>5</b> Payee name Whitman, Susan (Hon.)  <b>6</b> Payee address; City; State; Zip Code 7603 Ridgestone Dr. Austin, TX 78731	<b>7</b> Amount (\$)  \$19.98
<b>8</b> 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"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  04/14/2008	Payee name Whitman, Susan (Hon.)  Payee address; City; State; Zip Code 7603 Ridgestone Dr. Austin, TX 78731	Amount (\$)  \$17.39
Purpose of payment (See instructions regarding type of information required.) Reimbursement for Splenda 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  05/01/2008	Payee name Whitman, Susan (Hon.)  Payee address; City; State; Zip Code 7603 Ridgestone Dr. Austin, TX 78731	Amount (\$)  \$25.41
Purpose of payment (See instructions regarding type of information required.) Reimbursement for birthday breakfast for Mike & Jamie  (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  05/27/2008	Payee name Whitman, Susan (Hon.)  Payee address; City; State; Zip Code 7603 Ridgestone Dr. Austin, TX 78731	Amount (\$)  \$17.98
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:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 6/6 Report: 8/10

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date  
  
05/30/2008

5 Payee name  
Whitman, Susan (Hon.)  
.....  
6 Payee address; City; State; Zip Code  
7603 Ridgestone Dr.  
Austin, TX 78731

7 Amount  
(\$)  
  
\$16.18

8 Purpose of payment (See instructions regarding type of information required.)  
Reimbursement for plant for Katherine's goodbye

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/2 Report: 9/10

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date	5 Payee name	8 Amount (\$)
06/28/2008	Airport Fast Park Payee address; City; State; Zip Code 2303 E. Highway 71 Austin, TX 78617	\$7.50
	Purpose of expenditure (See instructions regarding type of information required.) Airport parking, trip to Houston for Judge Russell Austin's funeral (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
02/07/2008	Payee name American Constitution Society for Law & Policy Payee address; City; State; Zip Code 1333 H Street, NW 11th Floor Washington, DC 20005	\$20.00
	Purpose of expenditure (See instructions regarding type of information required.) Lunch for reporter, ACS lunch & CLE, Guantanamo: The Challenges & Obligations of Pro Bono Repr. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
06/28/2008	Payee name Budget Rental Car Payee address; City; State; Zip Code Hobby Airport 7712 Airport Blvd. Houston, TX 77061	\$20.94
	Purpose of expenditure (See instructions regarding type of information required.) Rental car in Houston for Judge Russell Austin's funeral (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
06/28/2008	Payee name Shell Payee address; City; State; Zip Code 3944 Broadway & I-45 Houston, TX 77087-4702	\$6.68
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline for rental car in Houston for Judge Russell Austin's funeral (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
06/28/2008	Payee name Southwest Airlines Payee address; City; State; Zip Code P.O. Box 36647 1CR Dallas, TX 75235-1647	\$283.50
	Purpose of expenditure (See instructions regarding type of information required.) Plane flight to Houston for Judge Russell Austin's funeral (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: 10/10

**2** FILER NAME HERMAN, GUY (Hon.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date

06/28/2008

**5** Payee name

Taqueria Dei Soi

**6** Payee address; City; State; Zip Code8114 Park Place  
Houston, TX 77017-3015**8** Amount  
(\$)

\$21.75

**7** Purpose of expenditure (See instructions regarding type of information required.)

Lunch in Houston for Judge Russell Austin's funeral

(If travel outside of Texas, complete Schedule T)  Reimbursement  
from political  
contributions  
intended