

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7031

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 11

3 CANDIDATE /
OFFICEHOLDER
NAME

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

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

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

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
07/01/2008 12/31/2008

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
Statutory 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

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 filers) 00000001
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16 NOTICE FROM POLITICAL COMMITTEE(S) <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. ..	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

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	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,553.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 66,106.69
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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Guy HERMAN, this the 13TH day of JAN., 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/8 Report: 3/11**2** FILER NAME HERMAN, GUY (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name	7 Amount (\$)
09/25/2008	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.)
Contribution**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date	Payee name	Amount (\$)
10/09/2008	American Constitution Society for Law & Policy Payee address; City; State; Zip Code 1333 H Street, NW 11th Floor Washington, DC 20005	\$90.00

Purpose of payment (See instructions regarding type of information required.)
ACS CLE & lunch for Judge, Clint, & Jamie, October 9, 2008**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date	Payee name	Amount (\$)
12/31/2008	American Constitution Society for Law & Policy Payee address; City; State; Zip Code 1333 H Street, NW 11th Floor Washington, DC 20005	\$250.00

Purpose of payment (See instructions regarding type of information required.)
Contribution**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date	Payee name	Amount (\$)
07/08/2008	American Express Payee address; City; State; Zip Code P.O. Box 650448 Dallas, TX 75265-0448	\$450.00

Purpose of payment (See instructions regarding type of information required.)
Business Platinum membership**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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/8 Report: 4/11

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name Austin Bar Association	7 Amount (\$)
10/02/2008	6 Payee address; City; State; Zip Code 816 Congress Ave. Suite 700 Austin, TX 78701	\$165.00

8 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"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Cojo Unlimited Catering, Inc.	Amount (\$)
12/01/2008	Payee address; City; State; Zip Code 7433 Burnet Road Austin, TX 78757	\$248.70

Purpose of payment (See instructions regarding type of information required.) Holiday appreciation lunch for interns and part-time staff (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 Democratic National Committee	Amount (\$)
07/30/2008	Payee address; City; State; Zip Code 430 South Capitol St., SE Washington, DC 20003	\$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:
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Date	Payee name El Mercado Restaurant	Amount (\$)
12/19/2008	Payee address; City; State; Zip Code 1702 Lavaca Austin, TX 78701	\$240.00

Purpose of payment (See instructions regarding type of information required.) Christmas party, office & former 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:
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/8 Report: 5/11**2** FILER NAME HERMAN, GUY (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 10/22/2008	5 Payee name Elliott Naishtat Campaign 6 Payee address; City; State; Zip Code P.O. Box 9921 Austin, TX 78766-9921	7 Amount (\$) \$25.00
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8 Purpose of payment (See instructions regarding type of information required.)

Re-election campaign fundraiser party at Nuevo Leon

(If travel outside of Texas, complete Schedule T) **9** ** Complete if direct expenditure to benefit Candidate/Officeholder **Candidate / Officeholder name:
Naishtat, Elliott (Mr.)Office sought: State Representative District 49
Office held: State Representative District 49

Date 12/10/2008	Payee name Gianotti, Michael (Mr.) Payee address; City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660	Amount (\$) \$150.00
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Purpose of payment (See instructions regarding type of information required.)

Reimbursement for purchase of 15 Golden Corral gift certificates for State School party

(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 07/08/2008	Payee name Herman, Guy (Hon.) Payee address; City; State; Zip Code P.O. Box 2561 Austin, TX 78768	Amount (\$) \$340.37
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Purpose of payment (See instructions regarding type of information required.)

Reimbursement for expenses for Judge Russell Austin's funeral (on Schedule G, 7/15/08 report)

(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 12/11/2008	Payee name Herman, Guy (Hon.) Payee address; City; State; Zip Code P.O. Box 2561 Austin, TX 78768	Amount (\$) \$99.38
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Purpose of payment (See instructions regarding type of information required.)

Austin's Pizza lunch for wrapping State School presents (reimbursement from Schedule G report)

(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: 4/8 Report: 6/11

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name Herman, Guy (Hon.)	7 Amount (\$)
12/24/2008	6 Payee address; City; State; Zip Code P.O. Box 2561 Austin, TX 78768	\$1,200.00

8 Purpose of payment (See instructions regarding type of information required.) Christmas gifts for office staff (gift certificates) (reimbursement from Schedule G report) (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 (\$)
12/24/2008	Payee address; City; State; Zip Code P.O. Box 2561 Austin, TX 78768	\$121.58

Purpose of payment (See instructions regarding type of information required.) Food for State School party (reimbursement from Schedule G report) (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 (\$)
12/29/2008	Payee address; City; State; Zip Code P.O. Box 2561 Austin, TX 78768	\$408.10

Purpose of payment (See instructions regarding type of information required.) Central Market for Court party following State School party (reimbursement from Schedule G) (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 Nisbett, Christy (Ms.)	Amount (\$)
07/01/2008	Payee address; City; State; Zip Code 5100 Lea Cove Austin, TX 78731	\$11.90

Purpose of payment (See instructions regarding type of information required.) Reimbursement for Costo purchase of small paper plates (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: 7/11**2** FILER NAME HERMAN, GUY (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name	7 Amount (\$)
07/27/2008	Nisbett, Christy (Ms.) 6 Payee address; City; State; Zip Code 5100 Lea Cove Austin, TX 78731	\$200.26

8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for Judge Whitman's goodbye plaque; Longhorn Trophies, Inc.; 15 x 18 gavel plaque (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	Amount (\$)
09/08/2008	PLAN of Central Texas Payee address; City; State; Zip Code P.O. Box 4755 Austin, TX 78765-4755	\$100.00

Purpose of payment (See instructions regarding type of information required.) Contribution; Planned Living Assistance Network of Central Texas (@ Austin State Hospital) (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	Amount (\$)
09/08/2008	Scanlon, Tanya (Ms.) Payee address; City; State; Zip Code 11512 Tin Cup Dr. #109 Austin, TX 78750	\$19.98

Purpose of payment (See instructions regarding type of information required.) Reimbursement for office coffee; Costco (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	Amount (\$)
09/29/2008	Scanlon, Tanya (Ms.) Payee address; City; State; Zip Code 11512 Tin Cup Dr. #109 Austin, TX 78750	\$17.78

Purpose of payment (See instructions regarding type of information required.) Reimbursement for office coffee & spoons; Costco (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: 6/8 Report: 8/11

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name Scanlon, Tanya (Ms.)	7 Amount (\$)
11/06/2008	6 Payee address; City; State; Zip Code 11512 Tin Cup Dr. #109 Austin, TX 78750	\$9.99

8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for office coffee; Costco (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 Scanlon, Tanya (Ms.)	Amount (\$)
12/22/2008	Payee address; City; State; Zip Code 11512 Tin Cup Dr. #109 Austin, TX 78750	\$30.83

Purpose of payment (See instructions regarding type of information required.) Reimbursement for office coffee & supplies for Family Eldercare-Court holiday lunch; Costco (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 Target, Inc.	Amount (\$)
12/11/2008	Payee address; City; State; Zip Code 5621 N IH 35 Austin, TX 78723	\$210.33

Purpose of payment (See instructions regarding type of information required.) Gifts for annual party for State School (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 Travis County Democratic Party	Amount (\$)
07/18/2008	Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	\$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:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 7/8 Report: 9/11

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name Travis County Democratic Party	7 Amount (\$)
08/27/2008	6 Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	\$500.00

8 Purpose of payment (See instructions regarding type of information required.) Contribution (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 Travis County Democratic Party	Amount (\$)
09/29/2008	Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	\$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:
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Date	Payee name Voigt, Melissa (Ms.)	Amount (\$)
10/17/2008	Payee address; City; State; Zip Code P.O. Box 96 Red Rock, TX 78662	\$20.70

Purpose of payment (See instructions regarding type of information required.) Reimbursement towards office water (intern share) (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 Voigt, Melissa (Ms.)	Amount (\$)
11/03/2008	Payee address; City; State; Zip Code P.O. Box 96 Red Rock, TX 78662	\$18.07

Purpose of payment (See instructions regarding type of information required.) Reimbursement towards office water (intern share) & reimbursement for batteries (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: 8/8 Report: 10/11

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

12/31/2008

5 Payee name
Voigt, Melissa (Ms.)

7 Amount
(\$)

\$26.70

6 Payee address; City; State; Zip Code
P.O. Box 96
Red Rock, TX 78662

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

Reimbursement towards office water (intern share)

(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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 11/11

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT #

(Ethics Commission filers)

00000001

4 Date	5 Payee name Austin's Pizza	8 Amount (\$)
12/11/2008	6 Payee address; City; State; Zip Code 800 W. 12th Austin, TX 78701	\$99.38
	7 Purpose of expenditure (See instructions regarding type of information required.) Lunch for wrapping State School Christmas presents (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Central Market Catering	Amount (\$)
12/13/2008	Payee address; City; State; Zip Code 4001 North Lamar Austin, TX 78756	\$408.10
	Purpose of expenditure (See instructions regarding type of information required.) Court party at Judge's house following State School party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name H.E.B.	Amount (\$)
12/13/2008	Payee address; City; State; Zip Code 1000 E. 41st Street Austin, TX 78751	\$121.58
	Purpose of expenditure (See instructions regarding type of information required.) Food for State School party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Ms. Bs Authentic Creole Restaurant	Amount (\$)
08/06/2008	Payee address; City; State; Zip Code 1050 East 11th Street #100 Austin, TX 78702	\$270.00
	Purpose of expenditure (See instructions regarding type of information required.) Court farewell luncheon for Judge Whitman (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Truluck's of Austin	Amount (\$)
12/24/2008	Payee address; City; State; Zip Code 400 Colorado Austin, TX 78701	\$1,200.00
	Purpose of expenditure (See instructions regarding type of information required.) Christmas gifts for office staff (gift certificates) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended