

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7128

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 5

3 CANDIDATE /
OFFICEHOLDER
NAME

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

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

 Change of Address

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

Date Hand-delivered or Date Postmarked

| | |
|-----------|--------|
| Receipt # | Amount |
|-----------|--------|

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
01/01/2009 06/30/2009

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

 additional pages

... 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

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

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

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 \$ 56.18

4. TOTAL POLITICAL EXPENDITURES \$ 1,422.88

CONTRIBUTION BALANCE

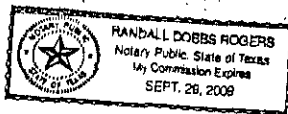
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 66,298.46

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 10th day of July, 2009, 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: 1/3 Report: 3/5 |
| 2 FILER NAME HERMAN, GUY (Hon.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 |
| 4 Date 01/20/2009 | 5 Payee name Austin's Pizza 6 Payee address; City; State; Zip Code 800 W. 12th Austin, TX 78701 | 7 Amount (\$) \$130.45 |
| 8 Purpose of payment (See instructions regarding type of information required.) Inauguration-viewing lunch (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 04/14/2009 | Payee name Cinco de Mayo Committee c/o Margaret Gomez Payee address; City; State; Zip Code 314 W. 11th Austin, TX 78701 | Amount (\$) \$25.00 |
| Purpose of payment (See instructions regarding type of information required.) Travis County Cinco de Mayo celebration (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 01/12/2009 | Payee name Herman, Guy (Hon.) Payee address; City; State; Zip Code P.O. Box 2561 Austin, TX 78768 | Amount (\$) \$270.00 |
| Purpose of payment (See instructions regarding type of information required.) Judge Whitman's goodbye party (reimbursement from Schedule G, 1/15/09 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: |
| Date 05/28/2009 | Payee name Judicial Section, State Bar of Texas Payee address; City; State; Zip Code c/o The Hon. Thomas Bacus, Secretary-Treasurer Co. Ct. at Law #2, 900 7th St., #353 Wichita Falls, TX 76301-2441 | Amount (\$) \$30.00 |
| Purpose of payment (See instructions regarding type of information required.) Judge Herman's FY2010 dues (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: 2/3 Report: 4/5

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00000001

| | | |
|---------------|--|----------------------|
| 4 Date | 5 Payee name MacLean, Jamie (Mr.) | 7 Amount (\$) |
| 01/22/2009 | 6 Payee address; City; State; Zip Code 6814B Thorncliffe Dr. Austin, TX 78731 | \$192.90 |

8 Purpose of payment (See instructions regarding type of information required.)
Reimbursement for intern's erroneous towing (parked in spot she was told, but it was wrong)
(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 Northwest Little League | Amount (\$) |
| 02/21/2009 | Payee address; City; State; Zip Code 3105 Hunt Trail Austin, TX 78757 | \$500.00 |

Purpose of payment (See instructions regarding type of information required.)
Sponsorship
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:
Office sought:
Office held:

| | | |
|------------|--|-------------|
| Date | Payee name Postmaster | Amount (\$) |
| 03/30/2009 | Payee address; City; State; Zip Code 510 Guadalupe Street Austin, TX 78701 | \$38.00 |

Purpose of payment (See instructions regarding type of information required.)
P.O. Box rental
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:
Office sought:
Office held:

| | | |
|------------|---|-------------|
| Date | Payee name Scanlon, Tanya (Ms.) | Amount (\$) |
| 01/06/2009 | Payee address; City; State; Zip Code 11512 Tin Cup Dr. #109 Austin, TX 78750 | \$33.56 |

Purpose of payment (See instructions regarding type of information required.)
Reimbursement for dry cleaning judicial robes for swearing in new associate judge (two robes)
(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: 3/3 Report: 5/5

2 FILER NAME HERMAN, GUY (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00000001

| | | |
|---------------|--|----------------------|
| 4 Date | 5 Payee name Scanlon, Tanya (Ms.) | 7 Amount (\$) |
| 02/17/2009 | 6 Payee address; City; State; Zip Code 11512 Tin Cup Dr. #109 Austin, TX 78750 | \$20.55 |

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|---|---|
| 8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for office coffee and plastic cutlery (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 | Payee name Sweetish Hill Bakery | Amount (\$) |
| 01/20/2009 | Payee address; City; State; Zip Code 1120 W. 6th Street Austin, TX 78703 | \$59.53 |

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|---|--|
| Purpose of payment (See instructions regarding type of information required.) Inauguration-viewing lunch (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 | Payee name Sweetish Hill Bakery | Amount (\$) |
| 04/03/2009 | Payee address; City; State; Zip Code 1120 W. 6th Street Austin, TX 78703 | \$48.71 |

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|---|--|
| Purpose of payment (See instructions regarding type of information required.) Meeting of Statutory Probate Judges of Texas (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 | Payee name Sweetish Hill Bakery | Amount (\$) |
| 05/07/2009 | Payee address; City; State; Zip Code 1120 W. 6th Street Austin, TX 78703 | \$18.00 |

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|---|--|
| Purpose of payment (See instructions regarding type of information required.) Mike Gianotti's birthday (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: |
|---|--|