

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7613

# 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 10

**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

2011 JUL 14 AM 9:50  
FILED FOR REPORT  
DAVIDSON COUNTY CLERK  
DAVIDSON COUNTY TEXAS

**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  
01/01/2011 06/30/2011

**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

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 \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 2,849.18

CONTRIBUTION BALANCE

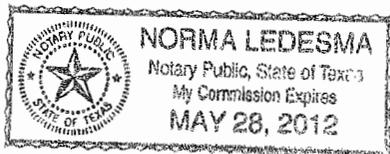
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 96,840.80

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 13 day of July, 20 11, to certify which, witness my hand and seal of office.

*Norma Ledesma* Norma Ledesma Notary  
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 1/7 Report: 3/10		<b>2</b> FILER NAME HERMAN, GUY (Hon.)		<b>3</b> ACCOUNT # (TEC filers) 00000001	
<b>4</b> Date 05/20/2011	<b>5</b> Payee name 11th Street Station				
<b>6</b> Amount (\$) \$110.00	<b>7</b> Payee address City; State; Zip Code 1050 East Eleventh Street Suite 100 Austin, TX 78702				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office staff lunch		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/03/2011	Payee name Allan Elementary School				
Amount (\$) \$100.00	Payee address City; State; Zip Code 4900 Gonzales Street Austin, TX 78702				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation to Coordinated Approach to Child Health (CATCH) program (purchase bicycles)		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/23/2011	Payee name Capital City Youth Association				
Amount (\$) \$250.00	Payee address City; State; Zip Code P.O. Box 142341 Austin, TX 78714				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation, tournament sponsorship		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/18/2011	Payee name Cinco de Mayo Committee c/o Margaret Gomez				
Amount (\$) \$25.00	Payee address City; State; Zip Code 314 W. 11th Austin, TX 78701				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Travis County Cinco de Mayo 2011 sponsorship		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/7 Report: 4/10		<b>2 FILER NAME</b> HERMAN, GUY (Hon.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 04/18/2011	<b>5 Payee name</b> Eastside Memorial High School				
<b>6 Amount (\$)</b> \$200.00	<b>7 Payee address City; State; Zip Code</b> 1012 Arther Stiles Road Austin, TX 78721				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Sponsor 2 seniors for Class of 2011 prom and senior trip		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 05/27/2011	<b>Payee name</b> Gianotti, Michael (Mr.)				
<b>Amount (\$)</b> \$144.51	<b>Payee address City; State; Zip Code</b> 902 Harvard Drive Pflugerville, TX 78660				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Reimbursement for court lunch from Franklin Barbecue		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 05/24/2011	<b>Payee name</b> Ginny's Printing				
<b>Amount (\$)</b> \$341.56	<b>Payee address City; State; Zip Code</b> P.O. Box 143924 Austin, TX 78714-3924				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> OTHER - Copying expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Copying subpoenaed materials for Harris Co. case as presiding judge; short timeline		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 03/08/2011	<b>Payee name</b> Herman, Guy (Hon.)				
<b>Amount (\$)</b> \$20.85	<b>Payee address City; State; Zip Code</b> P.O. Box 2561 Austin, TX 78768				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Loan Repayment/Reimbursement		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Capital Extension Gift Shop; 3 copies, Texas Legislative Handbook 2011-2012		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 3/7 Report: 5/10	<b>2</b> FILER NAME HERMAN, GUY (Hon.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 04/18/2011	<b>5</b> Payee name Herman, Guy (Hon.)
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<b>6</b> Amount (\$) \$72.00	<b>7</b> Payee address City; State; Zip Code P.O. Box 2561 Austin, TX 78768
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for lunch with Rep. Harnett & his staff to discuss legislation
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/08/2011	Payee name Nisbett, Christy (Ms.)
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Amount (\$) \$185.00	Payee address City; State; Zip Code 5100 Lea Cove Austin, TX 78731
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for Austin Bar Assoc. dues for Court Administrator / Staff Attorney
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/08/2011	Payee name Nisbett, Christy (Ms.)
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Amount (\$) \$38.95	Payee address City; State; Zip Code 5100 Lea Cove Austin, TX 78731
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for purchase of staff attorney's printer stand
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/08/2011	Payee name Postmaster
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Amount (\$) \$40.00	Payee address City; State; Zip Code 510 Guadalupe Street Austin, TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Post Office box rental
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 4/7 Report: 6/10	<b>2</b> FILER NAME HERMAN, GUY (Hon.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 02/08/2011	<b>5</b> Payee name Prashner, Daniel (Hon.)
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<b>6</b> Amount (\$) \$185.00	<b>7</b> Payee address City; State; Zip Code 3603 Bridle Path Austin, TX 78703
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for Austin Bar Assoc. dues for Associate Judge
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/14/2011	Payee name Ruffner, Tom (Mr.)
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Amount (\$) \$170.00	Payee address City; State; Zip Code 2600 Lake Austin Blvd. #6103 Austin, TX 78703
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for Austin Bar Assoc. dues for Staff Attorney
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/13/2011	Payee name Sam Biscoe Special Projects
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Amount (\$) \$25.00	Payee address City; State; Zip Code 314 W. 11th Street Suite 520 Austin, TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Travis County Juneteenth 2011 sponsorship
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/14/2011	Payee name Scanlon, Tanya (Ms.)
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Amount (\$) \$93.96	Payee address City; State; Zip Code 11512 Tin Cup Dr. #109 Austin, TX 78750
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for purchasing office plastic wear, CLE treats, and coffee at Costco
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 5/7 Report: 7/10		<b>2</b> FILER NAME HERMAN, GUY (Hon.)		<b>3</b> ACCOUNT # (TEC filers) 00000001	
<b>4</b> Date 06/17/2011		<b>5</b> Payee name Scanlon, Tanya (Ms.)			
<b>6</b> Amount (\$) \$14.88		<b>7</b> Payee address City; State; Zip Code 11512 Tin Cup Dr. #109 Austin, TX 78750			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for plates for office; Costco purchase	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/28/2011		Payee name Sweetish Hill Bakery			
Amount (\$) \$55.12		Payee address City; State; Zip Code 1120 W. 6th Street Austin, TX 78703			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cakes for February Court birthdays	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/13/2011		Payee name Texas Guardianship Association			
Amount (\$) \$80.00		Payee address City; State; Zip Code P.O. Box 24037 Waco, TX 76702-4037			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Court's 2011 membership renewal	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 01/10/2011		Payee name The Villager			
Amount (\$) \$504.00		Payee address City; State; Zip Code 1223-A Rosewood Ave. Austin, TX 78702			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 1/4 page ad, MLK Day edition	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 6/7 Report: 8/10	<b>2</b> FILER NAME HERMAN, GUY (Hon.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 01/07/2011	<b>5</b> Payee name Voigt, Melissa (Ms.)
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<b>6</b> Amount (\$) \$21.60	<b>7</b> Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for intern share of office water
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/02/2011	Payee name Voigt, Melissa (Ms.)
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Amount (\$) \$15.00	Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for intern share of office water
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/04/2011	Payee name Voigt, Melissa (Ms.)
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Amount (\$) \$15.60	Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for intern share of office water
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/05/2011	Payee name Voigt, Melissa (Ms.)
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Amount (\$) \$12.00	Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for intern share of office water
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 7/7 Report: 9/10		<b>2 FILER NAME</b> HERMAN, GUY (Hon.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 05/13/2011		<b>5 Payee name</b> Voigt, Melissa (Ms.)			
<b>6 Amount (\$)</b> \$15.30		<b>7 Payee address City; State; Zip Code</b> P.O. Box 96 Red Rock, TX 78662			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Reimbursement for intern share of office water	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 06/07/2011		<b>Payee name</b> Voigt, Melissa (Ms.)			
<b>Amount (\$)</b> \$21.00		<b>Payee address City; State; Zip Code</b> P.O. Box 96 Red Rock, TX 78662			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Reimbursement for intern share of office water	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES**

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 1/1 Report: 10/10	<b>2</b> FILER NAME HERMAN, GUY (Hon.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 02/28/2011	<b>5</b> Payee name Capitol Extension Gift Shop
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<b>6</b> Amount (\$) \$20.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address City; State; Zip Code 1400 N. Congress Ave. E1.006 Austin, TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER - Books	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Three copies, Texas Legislative Handbook 2011-2012
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Date 04/15/2011	Payee name Shoal Creek Saloon
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Amount (\$) \$72.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 909 North Lamar Boulevard Austin, TX 78703-4946
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lunch with Rep. Harnett & his staff to discuss legislation
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