

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7700

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 <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Herman | OFFICE USE ONLY Date Received 12 JAN 2 11:58 RAVIS COURT DANA DEBEAUX CLERK FILED FOR REPORT 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 <input type="checkbox"/> Change of Address | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Ms. Martha <hr style="border-top: 1px dotted black;"/> 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 | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 9 PERIOD COVERED | Month Day Year Month Day Year 07/01/2011 THROUGH 12/31/2011 | | |
| 10 ELECTION | ELECTION DATE Month Day Year | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) Statutory Probate Judge | 12 OFFICE SOUGHT (if known) | |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

13 C/OH NAME Herman, Guy (Hon.)

14 ACCOUNT # (Ethics Commission filers)
00000001

15 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

16 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 \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 6,457.24

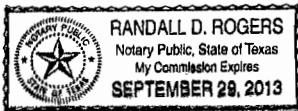
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 92,723.44

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 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 JAN, 2012, to certify which, witness my hand and seal of office.

Randall D. Rogers
Signature of officer administering oath

RANDALL D. ROGERS
Print name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

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.

| | | |
|---|---|---|
| 1 PAGE # Schedule: 1/8 Report: 3/12 | 2 FILER NAME Herman, Guy (Hon.) | 3 ACCOUNT # (TEC filers) 00000001 |
|---|---|---|

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|-----------------------------|---|
| 4 Date 12/16/2011 | 5 Payee name American Constitution Society for Law & Policy |
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|----------------------------------|---|
| 6 Amount (\$) \$250.00 | 7 Payee address City; State; Zip Code 1333 H Street, NW 11th Floor Washington, DC 20005 |
|----------------------------------|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Year-end contribution |
|---------------------------------|---|--|

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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

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|--------------------|------------------------------|
| Date 08/09/2011 | Payee name Austin AFL-CIO |
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|-------------------------|--|
| Amount (\$) \$310.00 | Payee address City; State; Zip Code 1106 Lavaca Austin, TX 78701 |
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| 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"/> Half page Labor Day ad |
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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 12/29/2011 | Payee name Austin Bar Association |
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|-------------------------|--|
| Amount (\$) \$780.00 | Payee address City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701-2665 |
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| 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"/> Austin Bar & Estate Planning & Probate Section dues for 2 judges and 2 staff attorneys |
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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 10/06/2011 | Payee name Carlos for Constable |
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|------------------------|--|
| Amount (\$) \$30.00 | Payee address City; State; Zip Code P.O. Box 300115 Austin, TX 78703 |
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| PURPOSE OF EXPENDITURE | 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 for Travis County Precinct 5 constable race |
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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.

| | | |
|---|---|---|
| 1 PAGE # Schedule: 2/8 Report: 4/12 | 2 FILER NAME Herman, Guy (Hon.) | 3 ACCOUNT # (TEC filers) 00000001 |
|---|---|---|

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|-----------------------------|---------------------------------------|
| 4 Date 10/14/2011 | 5 Payee name Central Market |
|-----------------------------|---------------------------------------|

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|----------------------------------|--|
| 6 Amount (\$) \$146.14 | 7 Payee address City; State; Zip Code 4001 N Lamar Blvd # 100 Austin, TX 78745 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for baby shower for Court Investigator & spouse |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
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|--------------------|--|
| Date 11/25/2011 | Payee name Clean Air Force of Central Texas |
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|-------------------------|---|
| Amount (\$) \$250.00 | Payee address City; State; Zip Code P.O. Box 29295 Austin, TX 78755 |
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| PURPOSE OF EXPENDITURE | 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"/> Two fundraiser tickets |
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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 07/25/2011 | Payee name Gianotti, Michael (Mr.) |
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|------------------------|--|
| Amount (\$) \$23.90 | Payee address City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660 |
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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"/> Reimbursement for office coffee |
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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 10/28/2011 | Payee name Gianotti, Michael (Mr.) |
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| Amount (\$) \$65.81 | Payee address City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660 |
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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"/> Reimbursement (Jason's Deli) for office lunch with former Associate Judge Susan Whitman |
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| 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.

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|---|---|---|
| 1 PAGE # Schedule: 3/8 Report: 5/12 | 2 FILER NAME Herman, Guy (Hon.) | 3 ACCOUNT # (TEC filers) 00000001 |
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| 4 Date 12/09/2011 | 5 Payee name Gianotti, Michael (Mr.) |
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| 6 Amount (\$) \$195.00 | 7 Payee address City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement (Ryan's) for holiday gift cards for State Assisted Living Center party |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
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|--------------------|-----------------------------------|
| Date 07/15/2011 | Payee name Gomez, Albert (Mr.) |
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|-------------------------|---|
| Amount (\$) \$100.00 | Payee address City; State; Zip Code Travis County Facilities Management 1010 Lavaca Austin, TX 78701 |
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| 8 PURPOSE OF EXPENDITURE | 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 benefit for Travis County employee with medical expenses |
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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 09/02/2011 | Payee name Herman, Guy (Hon.) |
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| Amount (\$) \$163.27 | Payee address City; State; Zip Code P.O. Box 2561 Austin, TX 78768 |
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| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement (HEB) for CCYA team party (Capital City Youth Association) |
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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 09/02/2011 | Payee name Herman, Guy (Hon.) |
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| Amount (\$) \$58.50 | Payee address City; State; Zip Code P.O. Box 2561 Austin, TX 78768 |
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| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for extra night at Four Seasons following speaking at a CLE seminar |
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| 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.

| | | | | | |
|--|---|---|---|---|--|
| 1 PAGE # Schedule: 4/8 Report: 6/12 | | 2 FILER NAME Herman, Guy (Hon.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 12/08/2011 | 5 Payee name Herman, Guy (Hon.) | | | | |
| 6 Amount (\$) \$240.00 | 7 Payee address City; State; Zip Code P.O. Box 2561 Austin, TX 78768 | | | | |
| 8 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 (Vince Young Steakhouse) for congratulations dinner for Sean Pevsner | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 12/16/2011 | Payee name Herman, Guy (Hon.) | | | | |
| Amount (\$) \$285.00 | Payee address City; State; Zip Code P.O. Box 2561 Austin, TX 78768 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement (ABA) for American Bar Association dues, including sections | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 12/22/2011 | Payee name Herman, Guy (Hon.) | | | | |
| Amount (\$) \$181.50 | Payee address City; State; Zip Code P.O. Box 2561 Austin, TX 78768 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel Out Of District | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Roundtrip mileage to Houston (.55/mile); speaking about mental health at Harris County CLE event | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 12/22/2011 | Payee name Herman, Guy (Hon.) | | | | |
| Amount (\$) \$8.00 | Payee address City; State; Zip Code P.O. Box 2561 Austin, TX 78768 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel Out Of District | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for parking (LAZ); speaking about mental health at Harris County CLE event | | |
| 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.

| | | | | | |
|--|---|---|---|---|--|
| 1 PAGE # Schedule: 5/8 Report: 7/12 | | 2 FILER NAME Herman, Guy (Hon.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 12/16/2011 | 5 Payee name LBJ Ladies Lacrosse Club | | | | |
| 6 Amount (\$) \$500.00 | 7 Payee address City; State; Zip Code c.o Chuck McClenon, Treasurer 5000 Summerset Trail Austin, TX 78749 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation for LBJ High School lacrosse team | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 10/21/2011 | Payee name Nisbett, Christy (Ms.) | | | | |
| Amount (\$) \$113.50 | Payee address City; State; Zip Code 5100 Lea Cove Austin, TX 78731 | | | | |
| 8 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 3600 removable page flags; BuyOnlineNow.com (no longer at Office Depot) | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 12/08/2011 | Payee name Nisbett, Christy (Ms.) | | | | |
| Amount (\$) \$77.71 | Payee address City; State; Zip Code 5100 Lea Cove Austin, TX 78731 | | | | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement (Amazon) for holiday gifts for State Assisted Living Center party | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 10/06/2011 | Payee name Scanlon, Tanya (Ms.) | | | | |
| Amount (\$) \$81.38 | Payee address City; State; Zip Code 11512 Tin Cup Dr. #109 Austin, TX 78750 | | | | |
| 8 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 food (Costco) for baby shower for Court Investigator & spouse | | |
| 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.

| | | |
|---|---|---|
| 1 PAGE # Schedule: 6/8 Report: 8/12 | 2 FILER NAME Herman, Guy (Hon.) | 3 ACCOUNT # (TEC filers) 00000001 |
|---|---|---|

| | |
|-----------------------------|---|
| 4 Date 09/28/2011 | 5 Payee name State Bar of Texas |
|-----------------------------|---|

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|---------------------------------|--|
| 6 Amount (\$) \$30.00 | 7 Payee address City; State; Zip Code P.O. Box 12487 Austin, TX 78711 |
|---------------------------------|--|

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| 8 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"/> REPTL membership (Real Estate, Probate, and Trust Law Section) |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
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|--------------------|------------------------------------|
| Date 07/06/2011 | Payee name Voigt, Melissa (Ms.) |
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|------------------------|--|
| Amount (\$) \$21.00 | Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662 |
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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"/> Reimbursement (Ozarka) 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 08/09/2011 | Payee name Voigt, Melissa (Ms.) |
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|------------------------|--|
| Amount (\$) \$24.90 | Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662 |
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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"/> Reimbursement (Ozarka) 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 09/12/2011 | Payee name Voigt, Melissa (Ms.) |
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| Amount (\$) \$17.70 | Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662 |
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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"/> Reimbursement (Ozarka) 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: |
|---|-------------------------------|----------------|--------------|

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.

| | | | | | |
|--|--|---|---|---|--------------|
| 1 PAGE # Schedule: 7/8 Report: 9/12 | | 2 FILER NAME Herman, Guy (Hon.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 10/03/2011 | 5 Payee name Voigt, Melissa (Ms.) | | | | |
| 6 Amount (\$) \$19.50 | 7 Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement (Ozarka) for intern share of office water | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 11/03/2011 | Payee name Voigt, Melissa (Ms.) | | | | |
| Amount (\$) \$15.00 | Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662 | | | | |
| 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 (Ozarka) for intern share of office water | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 11/18/2011 | Payee name Voigt, Melissa (Ms.) | | | | |
| Amount (\$) \$34.09 | Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662 | | | | |
| 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 (Office Max) HP Ink 74/75 Combo Pak | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 12/08/2011 | Payee name Voigt, Melissa (Ms.) | | | | |
| Amount (\$) \$270.43 | Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement (Walgreens & Target) for holiday gifts for State Assisted Living Center party | | |
| 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.

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|--|---|---|
| 1 PAGE # Schedule: 8/8 Report: 10/12 | 2 FILER NAME Herman, Guy (Hon.) | 3 ACCOUNT # (TEC filers) 00000001 |
|--|---|---|

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|-----------------------------|---|
| 4 Date 12/08/2011 | 5 Payee name Voigt, Melissa (Ms.) |
|-----------------------------|---|

| | |
|--------------------------------|---|
| 6 Amount (\$) \$9.00 | 7 Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement (Ozarka) for intern share of office water |
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|---|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

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| Date 12/15/2011 | Payee name Voigt, Melissa (Ms.) |
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| Amount (\$) \$201.14 | Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662 |
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| 8 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 (HEB & Walmart) for catering Court Christmas party |
|---|---|--|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 PAGE # Schedule: 1/2 Report: 11/12 **2** FILER NAME Herman, Guy (Hon.) **3** ACCOUNT # (TEC filers) 00000001

4 Date 12/14/2011 **5** Payee name American Bar Association

6 Amount (\$) \$285.00 **7** Payee address City; State; Zip Code
321 North Clark Street
Chicago, IL 60654
 Reimbursement from political contributions intended

8 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) ABA dues, including two sections

Date 08/13/2011 Payee name Four Seasons Hotel

Amount (\$) \$58.50 Payee address City; State; Zip Code
1300 Lamar Street
Houston, TX 77010-3098
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Travel Out Of District Description (If travel outside of Texas, complete Schedule T) Hotel—extra night following speaking at a CLE seminar

Date 08/20/2011 Payee name H E B

Amount (\$) \$163.27 Payee address City; State; Zip Code
1000 E. 41st Street
Austin, TX 78751
 Reimbursement from political contributions intended

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) CCYA Team Party

Date 12/13/2011 Payee name LAZ Parking

Amount (\$) \$8.00 Payee address City; State; Zip Code
1401 Congress
Houston, TX 77002
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Travel Out Of District Description (If travel outside of Texas, complete Schedule T) Parking when speaking about mental health at Harris County CLE event

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

| | | | | | |
|---|--|---|--|--|--|
| 1 PAGE # Schedule: 2/2 Report: 12/12 | | 2 FILER NAME Herman, Guy (Hon.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 12/16/2011 | | 5 Payee name Truluck's | | | |
| 6 Amount (\$) \$1,200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address City; State; Zip Code 400 Colorado St. Austin, TX 78701 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gifts cards, holiday gifts for the 12 permanent Court employees | |
| Date 11/16/2011 | | Payee name Vince Young Steakhouse | | | |
| Amount (\$) \$240.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address City; State; Zip Code 301 San Jacinto Austin, TX 78701 | | | |
| 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"/> Congratulations dinner for Sean Pevsner | |