

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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
4. TOTAL POLITICAL EXPENDITURES	\$	2,061.48
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	87,838.79
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

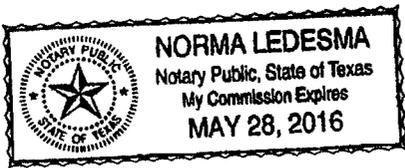
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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 10 day of July, 2017, to certify which, witness my hand and seal of office.

Norma Ledesma *Norma Ledesma* *Notary State of Texas*
Signature of officer administering oath Print name of officer administering oath 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: 1/6 Report: 3/9	2 FILER NAME Herman, Guy (Hon.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 03/28/2012	5 Payee name American Bar Association
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6 Amount (\$) \$55.00	7 Payee address City; State; Zip Code 321 North Clark Street Chicago, IL 60654
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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"/> Section dues, Real Estate, Trust, & Estate Law
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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 05/21/2012	Payee name American Bar Association
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Amount (\$) \$315.00	Payee address City; State; Zip Code 321 North Clark Street Chicago, IL 60654
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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"/> Membership + two sections, 9/1/2012-8/31/2013
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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 01/05/2012	Payee name Gianotti, Michael (Mr.)
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Amount (\$) \$64.92	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, Taco Cabana for meeting with DA's office re. elder fraud
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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 02/01/2012	Payee name Gianotti, Michael (Mr.)
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Amount (\$) \$9.95	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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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| 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: 2/6 Report: 4/9	2 FILER NAME Herman, Guy (Hon.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 02/29/2012	5 Payee name Gianotti, Michael (Mr.)
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6 Amount (\$) \$11.95	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) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for office coffee
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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 03/07/2012	Payee name Gianotti, Michael (Mr.)
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Amount (\$) \$21.99	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, Tom's Fudgie the Whale birthday cake, Schlotzsky's
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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 04/16/2012	Payee name Gianotti, Michael (Mr.)
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Amount (\$) \$11.95	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 04/19/2012	Payee name Gianotti, Michael (Mr.)
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Amount (\$) \$11.95	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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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: 3/6 Report: 5/9	2 FILER NAME Herman, Guy (Hon.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 06/05/2012	5 Payee name Gianotti, Michael (Mr.)
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6 Amount (\$) \$11.95	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) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for office coffee
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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 05/07/2012	Payee name Griffith, Melinda (Ms.)
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Amount (\$) \$26.78	Payee address City; State; Zip Code 2611 Bee Caves #148 Austin, TX 78746
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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 Mike's birthday cake, Whole Foods
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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 01/17/2012	Payee name Herman, Guy (Hon.)
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Amount (\$) \$1,200.00	Payee address City; State; Zip Code P.O. Box 2561 Austin, TX 78768
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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 9/16/11 Truluck's expenditure; holiday gifts for employees; reported 7/11-12/11
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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 05/07/2012	Payee name Herman, Guy (Hon.)
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Amount (\$) \$24.00	Payee address City; State; Zip Code P.O. Box 2561 Austin, TX 78768
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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 Kristin's birthday cake, Sweetish Hill
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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: 4/6 Report: 6/9	2 FILER NAME Herman, Guy (Hon.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 05/01/2012	5 Payee name Ruffner, Tom (Mr.)
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6 Amount (\$) \$20.00	7 Payee address City; State; Zip Code 3209 Cherrywood Road Austin, TX 78722
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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 for Melinda's birthday cake, Sweetish Hill
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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 02/17/2012	Payee name Scanlon, Tanya (Ms.)
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Amount (\$) \$10.99	Payee address City; State; Zip Code 11512 Tin Cup Dr. #109 Austin, TX 78750
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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; Judge Herman's birthday, fruit tart, Randall's
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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 02/24/2012	Payee name Scanlon, Tanya (Ms.)
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Amount (\$) \$13.99	Payee address City; State; Zip Code 11512 Tin Cup Dr. #109 Austin, TX 78750
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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, Jan's birthday, fruit tart, Randall's
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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 02/29/2012	Payee name Scanlon, Tanya (Ms.)
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Amount (\$) \$9.99	Payee address City; State; Zip Code 11512 Tin Cup Dr. #109 Austin, TX 78750
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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, Melissa's birthday cake, Randall's
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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: 5/6 Report: 7/9	2 FILER NAME Herman, Guy (Hon.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 03/21/2012	5 Payee name Texas Guardianship Association
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6 Amount (\$) \$66.67	7 Payee address City; State; Zip Code P.O. Box 24037 Waco, TX 76702-4307
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Association Membership	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> TGA membership for Court, prorated 2012
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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 03/12/2012	Payee name United States Postal Service
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Amount (\$) \$52.00	Payee address City; State; Zip Code 510 Guadalupe Street Austin, TX 78701-9998
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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"/> Post Office Box rental, one year
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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 01/20/2012	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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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 02/16/2012	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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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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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: 6/6 Report: 8/9	2 FILER NAME Herman, Guy (Hon.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 03/06/2012	5 Payee name Voigt, Melissa (Ms.)
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6 Amount (\$) \$15.00	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 04/16/2012	Payee name Voigt, Melissa (Ms.)
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Amount (\$) \$18.00	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 05/16/2012	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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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 06/05/2012	Payee name Voigt, Melissa (Ms.)
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Amount (\$) \$20.40	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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**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: 1/1 Report: 9/9		2 FILER NAME Herman, Guy (Hon.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 04/12/2012		5 Payee name Sweetish Hill Bakery			
6 Amount (\$) \$24.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address City; State; Zip Code 1120 W 6th St Austin, TX 78703			
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"/> Kristin's birthday cake	