

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8000

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Hon.	FIRST Guy	MI
	NICKNAME	LAST Herman	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P.O. Box 2561 Austin, TX 78768		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Martha	MI
	NICKNAME	LAST Dickie	SUFFIX
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
07/01/2012		THROUGH	12/31/2012
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<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			

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

FILED FOR RECORD
 2013 JAN 11 AM 9:15
 Dana DeBeauvoir
 County Clerk
 Travis County, Texas

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
--	----	------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
---	----	------

4. TOTAL POLITICAL EXPENDITURES	\$	5,920.53
---------------------------------	----	----------

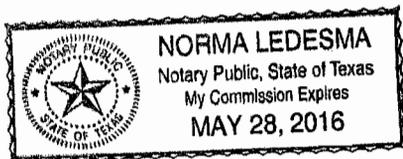
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	81,268.20
--	----	-----------

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 10 day of January, 2013, 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	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: 3/11	2 FILER NAME Herman, Guy (Hon.)	3 ACCOUNT # (TEC filers) 00000001
---	---	---

4 Date 11/02/2012	5 Payee name Austin Bar Association
-----------------------------	---

6 Amount (\$) \$995.00	7 Payee address City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701-2665
----------------------------------	---

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"/> Austin Bar & Estate Planning & Probate Section dues for 2 judges and 3 staff attorneys
---------------------------------	---	---

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

Date 09/28/2012	Payee name Chisolm Trail Bar B Q
--------------------	-------------------------------------

Amount (\$) \$89.35	Payee address City; State; Zip Code 1323 South Colorado Street Lockhart, TX 78644
------------------------	---

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"/> Daniel & Krista's goodbye luncheon
-------------------------------	---	--

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

Date 09/28/2012	Payee name Cotton, Jana (Ms.)
--------------------	----------------------------------

Amount (\$) \$347.40	Payee address City; State; Zip Code 9826 Mandeville Circle Austin, TX 78750
-------------------------	---

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 for Visa cards for Daniel & Krista (Office Max)
-------------------------------	--	---

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

Date 09/25/2012	Payee name Equal Justice Center
--------------------	------------------------------------

Amount (\$) \$500.00	Payee address City; State; Zip Code 510 South Congress Ave. Suite 206 Austin, TX 78704
-------------------------	---

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"/> Equal Justice Center 11th Anniversary Celebration 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	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: 4/11	2 FILER NAME Herman, Guy (Hon.)	3 ACCOUNT # (TEC filers) 00000001
---	---	---

4 Date 07/03/2012	5 Payee name Gianotti, Michael (Mr.)
-----------------------------	--

6 Amount (\$) \$30.95	7 Payee address City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660
---------------------------------	---

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 office coffee (9.95) & cookies for Andrew Chin's goodbye (21.00)
---------------------------------	---	--

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

Date 08/13/2012	Payee name Gianotti, Michael (Mr.)
--------------------	---------------------------------------

Amount (\$) \$11.95	Payee address City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660
------------------------	--

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
-------------------------------	---	---

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

Date 09/18/2012	Payee name Gianotti, Michael (Mr.)
--------------------	---------------------------------------

Amount (\$) \$11.95	Payee address City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660
------------------------	--

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 office coffee
-------------------------------	---	---

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

Date 12/17/2012	Payee name Gianotti, Michael (Mr.)
--------------------	---------------------------------------

Amount (\$) \$12.50	Payee address City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660
------------------------	--

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 goodbye cake for Katie Cullum (HEB)
-------------------------------	---	---

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: 3/8 Report: 5/11	2 FILER NAME Herman, Guy (Hon.)	3 ACCOUNT # (TEC filers) 00000001
---	---	---

4 Date 12/17/2012	5 Payee name Gianotti, Michael (Mr.)
-----------------------------	--

6 Amount (\$) \$13.96	7 Payee address City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660
---------------------------------	---

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 for two sympathy cards (Central Market)
------------------------------------	---	--

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

Date 12/14/2012	Payee name Golden Corral
--------------------	-----------------------------

Amount (\$) \$96.00	Payee address City; State; Zip Code 12509 N. Lamar Blvd. Austin, TX 78753
------------------------	---

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"/> State Supported Living Center Christmas gifts
------------------------------------	--	---

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

Date 12/28/2012	Payee name Herman, Guy (Hon.)
--------------------	----------------------------------

Amount (\$) \$10.43	Payee address City; State; Zip Code P.O. Box 2561 Austin, TX 78768
------------------------	--

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 12/27/12 payment for Fingerprint Applicant Services of Texas
------------------------------------	--	--

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

Date 12/28/2012	Payee name Herman, Guy (Hon.)
--------------------	----------------------------------

Amount (\$) \$109.41	Payee address City; State; Zip Code P.O. Box 2561 Austin, TX 78768
-------------------------	--

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 12/27/12 payment for Capitol Access Pass Online Application
------------------------------------	--	---

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.

1 PAGE # Schedule: 4/8 Report: 6/11		2 FILER NAME Herman, Guy (Hon.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 09/17/2012	5 Payee name Nisbett, Christy (Ms.)				
6 Amount (\$) \$456.79	7 Payee address City; State; Zip Code 5100 Lea Cove Austin, TX 78731				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for Brother IntelliFax 4750e (Amazon purchase)		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/25/2012	Payee name Nisbett, Christy (Ms.)				
Amount (\$) \$124.98	Payee address City; State; Zip Code 5100 Lea Cove Austin, TX 78731				
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, flowers for Nadine Johnson's retirement, Blomma Flower Shop, Houston		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/03/2012	Payee name Nisbett, Christy (Ms.)				
Amount (\$) \$448.69	Payee address City; State; Zip Code 5100 Lea Cove Austin, TX 78731				
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 Fujitsu ScanSnap S1500 scanner for PC (Amazon purchase)		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/30/2012	Payee name Nisbett, Christy (Ms.)				
Amount (\$) \$10.99	Payee address City; State; Zip Code 5100 Lea Cove Austin, TX 78731				
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 for State Supported Living Center Christmas gift (Amazon CD)		
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.

1 PAGE # Schedule: 5/8 Report: 7/11		2 FILER NAME Herman, Guy (Hon.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 12/17/2012		5 Payee name Nisbett, Christy (Ms.)			
6 Amount (\$) \$27.04		7 Payee address City; State; Zip Code 5100 Lea Cove Austin, TX 78731			
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 for 2 State Supported Living Center Christmas gifts (Walgreens & Target)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/02/2012		Payee name Scanlon, Tanya (Ms.)			
Amount (\$) \$19.98		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 forks & spoons; Costco	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/28/2012		Payee name Smitty's Market			
Amount (\$) \$112.70		Payee address City; State; Zip Code 208 S. Commerce St Lockhart, TX			
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"/> Daniel & Krista's goodbye luncheon	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/27/2012		Payee name St. James' Episcopal School			
Amount (\$) \$250.00		Payee address City; State; Zip Code 1941 Webberville Road Austin, TX 78721			
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 toward scholarships	
9 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: 8/11		2 FILER NAME Herman, Guy (Hon.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/30/2012		5 Payee name State Bar of Texas			
6 Amount (\$) \$25.00		7 Payee address City; State; Zip Code P.O. Box 12487 Austin, TX 78711			
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"/> Guardianship certification for mental health defense attorney Melissa Ferrell	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 12/14/2012		Payee name Truluck's			
Amount (\$) \$1,200.00		Payee address City; State; Zip Code 400 Colorado St. Austin, TX 78701			
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"/> Christmas gifts for 11 fulltime Court employees (plus tip)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 07/13/2012		Payee name Voigt, Melissa (Ms.)			
Amount (\$) \$16.50		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"/> Intern share, office water	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 08/13/2012		Payee name Voigt, Melissa (Ms.)			
Amount (\$) \$19.50		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"/> Intern share, office water	
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: 9/11		2 FILER NAME Herman, Guy (Hon.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 09/17/2012	5 Payee name Voigt, Melissa (Ms.)				
6 Amount (\$) \$15.00	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"/> Intern share, office water		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/11/2012	Payee name Voigt, Melissa (Ms.)				
Amount (\$) \$135.18	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 for food for St. Andrew's (Melissa bbq)		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/11/2012	Payee name Voigt, Melissa (Ms.)				
Amount (\$) \$33.49	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 for Christy's belated-birthday flowers & cupcakes (Whole Foods)		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/15/2012	Payee name Voigt, Melissa (Ms.)				
Amount (\$) \$18.00	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"/> Intern share, office water		
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.

1 PAGE # Schedule: 8/8 Report: 10/11	2 FILER NAME Herman, Guy (Hon.)	3 ACCOUNT # (TEC filers) 00000001
--	---	---

4 Date 11/02/2012	5 Payee name Voigt, Melissa (Ms.)
-----------------------------	---

6 Amount (\$) \$21.30	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"/> Intern share, office water
---------------------------------	--	---

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

Date 12/06/2012	Payee name Voigt, Melissa (Ms.)
--------------------	------------------------------------

Amount (\$) \$397.00	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) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for State Supported Living Center Christmas gifts (Target)
-------------------------------	--	--

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

Date 12/10/2012	Payee name Voigt, Melissa (Ms.)
--------------------	------------------------------------

Amount (\$) \$18.00	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"/> Intern share, office water
-------------------------------	---	--

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

Date 12/10/2012	Payee name Voigt, Melissa (Ms.)
--------------------	------------------------------------

Amount (\$) \$221.65	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 for food for Court Christmas party (HEB--Melissa bbq & cater)
-------------------------------	---	---

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 | 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: 1/1 Report: 11/11	2 FILER NAME Herman, Guy (Hon.)	3 ACCOUNT # (TEC filers) 00000001
--	---	---

4 Date 12/27/2012	5 Payee name Fingerprint Applicant Services of Texas
-----------------------------	--

6 Amount (\$) \$10.43 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code c/o Texas Department of Public Services 5805 North Lamar Boulevard Austin, TX 78752
--	---

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"/> Fee for fingerprinting for Capitol Access Pass for legislative session
---------------------------------	---	---

Date 12/20/2012	Payee name Texas Department of Public Safety
--------------------	---

Amount (\$) \$109.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Texas.gov, the official website of Texas https://txapps.texas.gov/txapp/txdps/cap/ https://txapps.texas.gov/txapp/txdps/cap/ TX
--	--

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"/> Fee for Capitol Access Pass for legislative session
------------------------	--	---