



# 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 **\$** 5,324.06

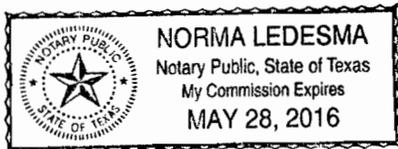
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$** 109,307.38

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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Guy Herman, this the 7 day of July, 2014, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Noema Ledesma  
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 1/8 Report: 3/10		<b>2</b> FILER NAME Herman, Guy (Hon.)		<b>3</b> ACCOUNT # (TEC filers) 00000001	
<b>4</b> Date 04/14/2014		<b>5</b> Payee name American Bar Association			
<b>6</b> Amount (\$) \$360.00		<b>7</b> Payee address City; State; Zip Code 321 North Clark Street Chicago, IL 60654			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 2014-2015 ABA dues & section dues	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/11/2014		Payee name Austin Bar Association			
Amount (\$) \$205.00		Payee address City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701-2665			
<b>PURPOSE OF EXPENDITURE</b>		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 MH defense attorney	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 04/09/2014		Payee name Drummer, Alesia (Ms.)			
Amount (\$) \$22.85		Payee address City; State; Zip Code 5604 Southwest Parkway Apt. 1921 Austin, TX 78735			
<b>PURPOSE OF EXPENDITURE</b>		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 & creamer (Sam's)	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 01/31/2014		Payee name Gianotti, Michael (Mr.)			
Amount (\$) \$11.95		Payee address City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660			
<b>PURPOSE OF EXPENDITURE</b>		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 (Starbucks)	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 2/8 Report: 4/10	<b>2</b> FILER NAME Herman, Guy (Hon.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 02/05/2014	<b>5</b> Payee name Gianotti, Michael (Mr.)
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<b>6</b> Amount (\$) \$81.19	<b>7</b> Payee address City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement, Franklin Barbecue for office lunch
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/25/2014	Payee name Gianotti, Michael (Mr.)
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Amount (\$) \$46.49	Payee address City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660
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<b>PURPOSE OF EXPENDITURE</b>	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 coffee & pastries, county judge meeting
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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 04/10/2014	Payee name Gomez, Margaret (Hon.)
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Amount (\$) \$25.00	Payee address City; State; Zip Code 700 Lavaca Street Suite 1510 Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship for Cinco de Mayo celebration 2014
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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 02/05/2014	Payee name Nisbett, Christy (Ms.)
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Amount (\$) \$400.00	Payee address City; State; Zip Code 5100 Lea Cove Austin, TX 78731
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for purchasing 2 tickets to Stanley Johanson fundraiser (UT Law School)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 3/8 Report: 5/10	<b>2</b> FILER NAME Herman, Guy (Hon.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 06/10/2014	<b>5</b> Payee name Nisbett, Christy (Ms.)
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<b>6</b> Amount (\$) \$152.22	<b>7</b> Payee address City; State; Zip Code 5100 Lea Cove Austin, TX 78731
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Hotel Galvez spa during TCPJ workshop (reimbursement)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/19/2014	Payee name Nisbett, Christy (Ms.)
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Amount (\$) \$51.24	Payee address City; State; Zip Code 5100 Lea Cove Austin, TX 78731
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<b>PURPOSE OF EXPENDITURE</b>	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 cookies for Court CLE when rescheduled because of ice (Tiff's Treats)
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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 05/12/2014	Payee name Ruffner, Tom (Mr.)
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Amount (\$) \$27.88	Payee address City; State; Zip Code 6106 Ginita Lane Austin, TX 78739
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<b>PURPOSE OF EXPENDITURE</b>	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 cakes (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 05/20/2014	Payee name Sam Biscoe Special Projects
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Amount (\$) \$25.00	Payee address City; State; Zip Code Travis County Juneteenth Committee 700 Lavaca, Suite 2.700 Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship for Juneteenth 2014 celebration
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 4/8 Report: 6/10		<b>2</b> FILER NAME Herman, Guy (Hon.)		<b>3</b> ACCOUNT # (TEC filers) 00000001	
<b>4</b> Date 02/10/2014	<b>5</b> Payee name Scanlon, Tanya (Ms.)				
<b>6</b> Amount (\$) \$36.38	<b>7</b> Payee address City; State; Zip Code 11512 Tin Cup Dr. #109 Austin, TX 78750				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement, office coffee, napkins, cutlery (Costco)		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/28/2014	Payee name Scanlon, Tanya (Ms.)				
Amount (\$) \$14.99	Payee address City; State; Zip Code 11512 Tin Cup Dr. #109 Austin, TX 78750				
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"/> Melissa Voigt's birthday; reimbursement (Einstein Bros Bagels)		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/18/2014	Payee name Scanlon, Tanya (Ms.)				
Amount (\$) \$21.97	Payee address City; State; Zip Code 11512 Tin Cup Dr. #109 Austin, TX 78750				
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 & plates (Costco)		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/02/2014	Payee name Scanlon, Tanya (Ms.)				
Amount (\$) \$19.90	Payee address City; State; Zip Code 11512 Tin Cup Dr. #109 Austin, TX 78750				
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 cakes for Melinda's birthday (Whole Foods)		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 5/8 Report: 7/10		<b>2</b> FILER NAME Herman, Guy (Hon.)		<b>3</b> ACCOUNT # (TEC filers) 00000001	
<b>4</b> Date 04/01/2014		<b>5</b> Payee name Southwest Sports Foundation			
<b>6</b> Amount (\$) \$500.00		<b>7</b> Payee address City; State; Zip Code PO Box 286 Georgetown, TX 78628			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraiser sponsorship	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 04/01/2014		Payee name Southwest Sports Foundation			
Amount (\$) \$500.00		Payee address City; State; Zip Code PO Box 286 Georgetown, TX 78628			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraiser sponsorship	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 04/01/2014		Payee name St. Andrew's Episcopal School			
Amount (\$) \$1,000.00		Payee address City; State; Zip Code 1112 West 31st Street Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Financial Aid fundraiser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/21/2014		Payee name Texas Guardianship Association			
Amount (\$) \$80.00		Payee address City; State; Zip Code P.O. Box 24037 Waco, TX 76702-4307			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) OTHER -- Association Membership		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> TGA 2014 professional organization membership for Court	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 6/8 Report: 8/10		<b>2 FILER NAME</b> Herman, Guy (Hon.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 01/09/2014		<b>5 Payee name</b> Travis County Democratic Party			
<b>6 Amount (\$)</b> \$1,000.00		<b>7 Payee address</b> City; State; Zip Code 1311 E 6th Street Austin, TX 78702			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Johnson Bentsen Richards dinner	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 02/05/2014		<b>Payee name</b> Travis County Democratic Party			
<b>Amount (\$)</b> \$500.00		<b>Payee address</b> City; State; Zip Code 1311 E 6th Street Austin, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Pledge from 1/28/2014 fundraiser	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 03/29/2014		<b>Payee name</b> United States Postal Service			
<b>Amount (\$)</b> \$56.00		<b>Payee address</b> City; State; Zip Code 510 Guadalupe Street Austin, TX 78701-9998			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PO Box rental, 1 year	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 01/17/2014		<b>Payee name</b> Voigt, Melissa (Ms.)			
<b>Amount (\$)</b> \$21.00		<b>Payee address</b> City; State; Zip Code P.O. Box 96 Red Rock, TX 78662			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Intern share of office water	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 7/8 Report: 9/10		<b>2 FILER NAME</b> Herman, Guy (Hon.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 02/07/2014	<b>5 Payee name</b> Voigt, Melissa (Ms.)				
<b>6 Amount (\$)</b> \$25.50	<b>7 Payee address City; State; Zip Code</b> P.O. Box 96 Red Rock, TX 78662				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Intern share of office water		
	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 03/11/2014	<b>Payee name</b> Voigt, Melissa (Ms.)				
<b>Amount (\$)</b> \$22.50	<b>Payee address City; State; Zip Code</b> P.O. Box 96 Red Rock, TX 78662				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Intern share of office water		
	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 04/08/2014	<b>Payee name</b> Voigt, Melissa (Ms.)				
<b>Amount (\$)</b> \$30.00	<b>Payee address City; State; Zip Code</b> P.O. Box 96 Red Rock, TX 78662				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Intern share of office water		
	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 05/02/2014	<b>Payee name</b> Voigt, Melissa (Ms.)				
<b>Amount (\$)</b> \$30.00	<b>Payee address City; State; Zip Code</b> P.O. Box 96 Red Rock, TX 78662				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Intern share of office water		
	Candidate / Officeholder name		Office sought:	Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 8/8 Report: 10/10	<b>2</b> FILER NAME Herman, Guy (Hon.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 06/19/2014	<b>5</b> Payee name Voigt, Melissa (Ms.)		
<b>6</b> Amount (\$) \$30.00	<b>7</b> Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662		

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Intern share of office water
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/30/2014	Payee name Voigt, Melissa (Ms.)		
Amount (\$) \$27.00	Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662		

<b>PURPOSE OF EXPENDITURE</b>	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 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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