



# 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
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	21,431.79
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CONTRIBUTION BALANCE

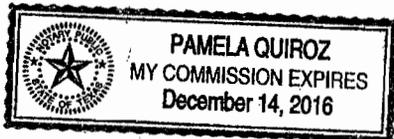
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	96,268.05
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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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 8<sup>th</sup> day of January, 2015, to certify which, witness my hand and seal of office.

*Pamela Quiroz*  
Signature of officer administering oath

Pamela Quiroz  
Print name of officer administering oath

Notary  
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: 1/13 Report: 3/19	<b>2</b> FILER NAME Herman, Guy (Hon.)	<b>3</b> ACCOUNT # (TEC filers) 0000001
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<b>4</b> Date 09/05/2014	<b>5</b> Payee name Alliance for Judicial Funding
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<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address City; State; Zip Code 909 Fannin Street Suite 3600 Houston, TX 77010
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<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"/> Donation  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/17/2014	Payee name Austin Bar Association
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Amount (\$) \$1,590.00	Payee address City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701-2665
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER - Membership dues	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 2015 membership for all Probate Court attorneys  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/25/2014	Payee name Cotton, Jana (Ms.)
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Amount (\$) \$500.00	Payee address City; State; Zip Code 9826 Mandeville Circle Austin, TX 78750
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<b>PURPOSE OF EXPENDITURE</b>	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"/> In appreciation for efforts on behalf of Probate Court beyond the call of duty  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 07/31/2014	Payee name Drummer, Alesia (Ms.)
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Amount (\$) \$26.58	Payee address City; State; Zip Code 5604 Southwest Parkway Apt. 1921 Austin, TX 78735
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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, office creamer & Splenda (Sam's)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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: 2/13 Report: 4/19		<b>2</b> FILER NAME Herman, Guy (Hon.)		<b>3</b> ACCOUNT # (TEC filers) 00000001	
<b>4</b> Date 09/17/2014		<b>5</b> Payee name Drummer, Alesia (Ms.)			
<b>6</b> Amount (\$) \$29.98		<b>7</b> Payee address City; State; Zip Code 5604 Southwest Parkway Apt. 1921 Austin, TX 78735			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for office coffee (Sam's)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/25/2014		Payee name Drummer, Alesia (Ms.)			
Amount (\$) \$500.00		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) Gifts/Awards/Memorials Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> In appreciation for efforts on behalf of Probate Court beyond the call of duty  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/01/2014		Payee name Drummer, Alesia (Ms.)			
Amount (\$) \$32.98		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 (Sam's)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/01/2014		Payee name Drummer, Alesia (Ms.)			
Amount (\$) \$89.30		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) OTHER - Employee parking expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for monthly parking (TXOGA Parking)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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: 3/13 Report: 5/19	<b>2</b> FILER NAME Herman, Guy (Hon.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 10/24/2014	<b>5</b> Payee name Drummer, Alesia (Ms.)
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<b>6</b> Amount (\$) \$41.51	<b>7</b> Payee address City; State; Zip Code 5604 Southwest Parkway Apt. 1921 Austin, TX 78735
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for office coffee & creamer (Sam's)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/12/2014	Payee name Drummer, Alesia (Ms.)
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Amount (\$) \$33.98	Payee address City; State; Zip Code 5604 Southwest Parkway Apt. 1921 Austin, TX 78735
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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, office coffee (Sam's)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/04/2014	Payee name Drummer, Alesia (Ms.)
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Amount (\$) \$34.98	Payee address City; State; Zip Code 5604 Southwest Parkway Apt. 1921 Austin, TX 78735
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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 office coffee (Sam's)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/25/2014	Payee name Ferrell, Melissa (Ms.)
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Amount (\$) \$500.00	Payee address City; State; Zip Code 2604 Wooldridge Dr. Austin, TX 78703
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<b>PURPOSE OF EXPENDITURE</b>	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"/> In appreciation for efforts on behalf of Probate Court beyond the call of duty
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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: 4/13 Report: 6/19	<b>2</b> FILER NAME Herman, Guy (Hon.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 07/30/2014	<b>5</b> Payee name Gianotti, Michael (Mr.)
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<b>6</b> Amount (\$) \$11.95	<b>7</b> Payee address City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<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 (Starbucks)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/25/2014	Payee name Gianotti, Michael (Mr.)
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Amount (\$) \$500.00	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) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> In appreciation for efforts on behalf of Probate Court beyond the call of duty  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/30/2014	Payee name Gianotti, Michael (Mr.)
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Amount (\$) \$29.36	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 bday sweets for Stan & Christy (Whole Foods)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/02/2014	Payee name Gianotti, Michael (Mr.)
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Amount (\$) \$35.67	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 birthday sweets for Melissa Ferrell's birthday (Whole Foods)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 5/13 Report: 7/19	<b>2</b> FILER NAME Herman, Guy (Hon.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 11/07/2014	<b>5</b> Payee name Gianotti, Michael (Mr.)
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<b>6</b> Amount (\$) \$25.86	<b>7</b> Payee address City; State; Zip Code 902 Harvard Drive Pflugerville, TX 78660
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<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, sweets for Judge Prashner's birthday (Whole Foods)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/18/2014	Payee name Gianotti, Michael (Mr.)
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Amount (\$) \$50.42	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 Tanya's birthday treats (Whole Foods)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/08/2014	Payee name Gianotti, Michael (Mr.)
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Amount (\$) \$118.86	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 food for Austin State Supported Living Center holiday party (HEB)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/25/2014	Payee name Griffith, Melinda (Ms.)
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Amount (\$) \$500.00	Payee address City; State; Zip Code 2021 Lobelia Drive Cedar Park, TX 78613
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<b>PURPOSE OF EXPENDITURE</b>	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"/> In appreciation for efforts on behalf of Probate Court beyond the call of duty
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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: 6/13 Report: 8/19	<b>2</b> FILER NAME Herman, Guy (Hon.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 09/11/2014	<b>5</b> Payee name Herman, Guy (Hon.)
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<b>6</b> Amount (\$) \$60.28	<b>7</b> Payee address City; State; Zip Code P.O. Box 2561 Austin, TX 78768
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for staff meeting lunch (Spec's)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/16/2014	Payee name Herman, Guy (Hon.)
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Amount (\$) \$12.98	Payee address City; State; Zip Code P.O. Box 2561 Austin, TX 78768
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<b>PURPOSE OF EXPENDITURE</b>	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 replacement bathroom rug (Costco)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/21/2014	Payee name Herman, Guy (Hon.)
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Amount (\$) \$2,206.00	Payee address City; State; Zip Code P.O. Box 2561 Austin, TX 78768
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER - Spanish language immersion (tuition & host family)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Oaxaca International Language School  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/21/2014	Payee name Herman, Guy (Hon.)
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Amount (\$) \$516.24	Payee address City; State; Zip Code P.O. Box 2561 Austin, TX 78768
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel Out Of District	Description (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/> (See travel info on Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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: 7/13 Report: 9/19	2 FILER NAME Herman, Guy (Hon.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 12/31/2014	5 Payee name Herman, Guy (Hon.)
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6 Amount (\$) \$2,103.24	7 Payee address City; State; Zip Code P.O. Box 2561 Austin, TX 78768
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Housing during health program	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for housing expense while at 3-week Duke Diet & Fitness Program <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/25/2014	Payee name Kerr, Stan (Mr.)
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Amount (\$) \$500.00	Payee address City; State; Zip Code 1412 Springdale Austin, TX 78721
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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"/> In appreciation for efforts on behalf of Probate Court beyond the call of duty <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 08/28/2014	Payee name LA Barbecue
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Amount (\$) \$381.52	Payee address City; State; Zip Code 902 East Cesar Chavez Street Austin, TX 78702
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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"/> Goodbye office lunch for Mel McKetta, staff attorney <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/25/2014	Payee name Meisgeier, Emily (Ms.)
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Amount (\$) \$500.00	Payee address City; State; Zip Code 11209 Kirkland Hill Path Austin, TX 78754
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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"/> In appreciation for efforts on behalf of Probate Court beyond the call of duty <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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: 8/13 Report: 10/19	<b>2</b> FILER NAME Herman, Guy (Hon.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 10/27/2014	<b>5</b> Payee name National College of Probate Judges
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<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address City; State; Zip Code c/o National Center for State Courts 300 Newport Avenue Williamsburg, VA 23185
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER - Dues	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Renewal for 12/01/2014-11/30/2015 <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 08/05/2014	Payee name Nisbett, Christy (Ms.)
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Amount (\$) \$34.99	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, office coffee (Costco) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 08/05/2014	Payee name Nisbett, Christy (Ms.)
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Amount (\$) \$146.13	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) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement, Keurig for office (incl. some coffee) (Costco) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/25/2014	Payee name Nisbett, Christy (Ms.)
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Amount (\$) \$500.00	Payee address City; State; Zip Code 4317 Scales St. Austin, TX 78723
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<b>PURPOSE OF EXPENDITURE</b>	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"/> In appreciation for efforts on behalf of Probate Court beyond the call of duty <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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: 9/13 Report: 11/19	<b>2</b> FILER NAME Herman, Guy (Hon.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 12/31/2014	<b>5</b> Payee name Nisbett, Christy (Ms.)
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<b>6</b> Amount (\$) \$523.14	<b>7</b> Payee address City; State; Zip Code 4317 Scales St. Austin, TX 78723
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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"/> Reimbursement for Austin State Supported Living Center holiday gifts (Amazon & UT Coop)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/25/2014	Payee name Prashner, Dan (Hon.)
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Amount (\$) \$500.00	Payee address City; State; Zip Code 3603 Bridle Path Austin, TX 78703
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<b>8</b> 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"/> In appreciation for efforts on behalf of Probate Court beyond the call of duty  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/25/2014	Payee name Ruffner, Tom (Mr.)
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Amount (\$) \$500.00	Payee address City; State; Zip Code 6106 Ginita Lane Austin, TX 78739
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<b>8</b> 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"/> In appreciation for efforts on behalf of Probate Court beyond the call of duty  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 08/06/2014	Payee name Scanlon, Tanya (Ms.)
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Amount (\$) \$15.14	Payee address City; State; Zip Code 11512 Tin Cup Dr. #109 Austin, TX 78750
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for casserole & dessert for Jana (after surgery; Central Market)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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.

1 PAGE # Schedule: 10/13 Report: 12/19	2 FILER NAME Herman, Guy (Hon.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 08/26/2014	5 Payee name Scanlon, Tanya (Ms.)
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6 Amount (\$) \$29.96	7 Payee address City; State; Zip Code 11512 Tin Cup Dr. #109 Austin, TX 78750
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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, office cutlery, etc. (Costco)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 08/28/2014	Payee name Scanlon, Tanya (Ms.)
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Amount (\$) \$18.24	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, sides for Mel McKetta's goodbye lunch (HEB)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/25/2014	Payee name Scanlon, Tanya (Ms.)
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Amount (\$) \$500.00	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) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> In appreciation for efforts on behalf of Probate Court beyond the call of duty  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/16/2014	Payee name Scanlon, Tanya (Ms.)
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Amount (\$) \$15.67	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) OTHER - Cleaning	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for cleaning robe for Judge Ruffner (Lone Star Cleaners)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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: 11/13 Report: 13/19	<b>2</b> FILER NAME Herman, Guy (Hon.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 09/02/2014	<b>5</b> Payee name State Bar of Texas
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<b>6</b> Amount (\$) \$135.31	<b>7</b> Payee address City; State; Zip Code P.O. Box 12487 Austin, TX 78711
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER - Books	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Texas Pattern Jury Charges  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/09/2014	Payee name Travis County Democratic Party
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code 1311 E 6th Street Austin, TX 78702
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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"/> Judges' retirement event  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/31/2014	Payee name TXOGA, Inc. (TXOGA Parking)
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Amount (\$) \$89.30	Payee address City; State; Zip Code 304 West 13th Street Austin, TX 78701-1823
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER - Employee parking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Monthly parking expense, Alesia Drummer  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 08/04/2014	Payee name Voigt, Melissa (Ms.)
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Amount (\$) \$24.00	Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662
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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 intern share of office water (Ozarka)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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: 12/13 Report: 14/19	<b>2</b> FILER NAME Herman, Guy (Hon.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 09/09/2014	<b>5</b> Payee name Voigt, Melissa (Ms.)
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<b>6</b> Amount (\$) \$30.00	<b>7</b> Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662
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<b>8</b> PURPOSE OF EXPENDITURE	(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 intern share of office water (Ozarka) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/25/2014	Payee name Voigt, Melissa (Ms.)
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Amount (\$) \$500.00	Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> In appreciation for efforts on behalf of Probate Court beyond the call of duty <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/13/2014	Payee name Voigt, Melissa (Ms.)
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Amount (\$) \$24.00	Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for intern share of office water (Ozarka) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/31/2014	Payee name Voigt, Melissa (Ms.)
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Amount (\$) \$24.00	Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for intern share of office water (Ozarka) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 13/13 Report: 15/19		<b>2</b> FILER NAME Herman, Guy (Hon.)		<b>3</b> ACCOUNT # (TEC filers) 00000001	
<b>4</b> Date 11/21/2014		<b>5</b> Payee name Voigt, Melissa (Ms.)			
<b>6</b> Amount (\$) \$29.48		<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"/> Reimbursement for Alesia's birthday treats (HEB)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/04/2014		Payee name Voigt, Melissa (Ms.)			
Amount (\$) \$67.84		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) Gifts/Awards/Memorials Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for Austin State Supported Living Center holiday gifts (Walmart)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/05/2014		Payee name Voigt, Melissa (Ms.)			
Amount (\$) \$24.00		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"/> Reimbursement for intern share of office water (Ozarka)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/16/2014		Payee name Voigt, Melissa (Ms.)			
Amount (\$) \$267.67		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"/> Reimbursement for food for Probate Court holiday party (HEB)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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.

<b>1</b> PAGE # Schedule: 1/3 Report: 16/19		<b>2</b> FILER NAME Herman, Guy (Hon.)		<b>3</b> ACCOUNT # (TEC filers) 00000001	
<b>4</b> Date 09/09/2014		<b>5</b> Payee name AeroMexico			
<b>6</b> Amount (\$) \$352.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address City; State; Zip Code 9800 Airport Blvd San Antonio, TX 78216			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out Of District		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/> (See travel info on Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 09/16/2014		Payee name Costco			
Amount (\$) \$12.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 10401 Research Blvd. Austin, TX 78759			
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"/> Replacement bathroom rug  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 10/06/2014		Payee name Oaxaca International Language School			
Amount (\$) \$815.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code Calle Morelos #1107 Centro, Oaxaca, OAX, Mexico, ZZ			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Spanish language immersion		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Tuition & host family  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 10/20/2014		Payee name Oaxaca International Language School			
Amount (\$) \$345.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code Calle Morelos #1107 Centro, Oaxaca, OAX, Mexico, ZZ			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Spanish language immersion		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Tuition and host family  <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

# 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.

<b>1</b> PAGE # Schedule: 2/3 Report: 17/19	<b>2</b> FILER NAME Herman, Guy (Hon.)	<b>3</b> ACCOUNT # (TEC filers) 0000001
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<b>4</b> Date 10/28/2014	<b>5</b> Payee name Oaxaca International Language School
<b>6</b> Amount (\$) \$394.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address City; State; Zip Code Calle Morelos #1107 Centro, Oaxaca, OAX, Mexico, ZZ

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Spanish immersion	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Tuition and host family  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 11/04/2014	Payee name Oaxaca International Language School
Amount (\$) \$394.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Calle Morelos #1107 Centro, Oaxaca, OAX, Mexico, ZZ

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Spanish language immersion	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Tuition and host family  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 11/12/2014	Payee name Oaxaca International Language School
Amount (\$) \$258.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Calle Morelos #1107 Centro, Oaxaca, OAX, Mexico, ZZ

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Spanish language immersion	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Tuition and host family  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 09/11/2014	Payee name Spec's Wine Spirits & Finer Foods
Amount (\$) \$60.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 5775 Airport Blvd. Austin, TX 78752

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"/> Staff meeting lunch  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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.

<b>1</b> PAGE # Schedule: 3/3 Report: 18/19	<b>2</b> FILER NAME Herman, Guy (Hon.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 09/26/2014	<b>5</b> Payee name United Airlines
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<b>6</b> Amount (\$) \$516.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address City; State; Zip Code 7800 Airport Blvd. Houston, TX 77061
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out Of District	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/> (See travel info on Schedule T)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Date 12/19/2014	Payee name Washington Duke Inn & Golf Club
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Amount (\$) \$2,103.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 3001 Cameron Blvd. Durham, NC 27705
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER - Housing for health program	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Housing expense while at 3-week Duke University Diet & Fitness Program
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/1 Report: 19/19
<b>2</b> FILER NAME Herman, Guy (Hon.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Herman, Guy (Hon.)		
<b>5</b> Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input checked="" type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
<b>6</b> Dates of travel  11/15/2014  11/15/2014	<b>7</b> Name of person(s) traveling Herman, Guy (Hon.)	
<b>8</b> Departure city or name of departure location Oaxaca, Mexico		
<b>9</b> Destination city or name of destination location Houston, Texas		
<b>10</b> Means of transportation Airplane	<b>11</b> Purpose of travel (including name of conference, seminar, or other event) Return from Oaxaca International Language School (Spanish)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee AeroMexico		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input checked="" type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel  10/05/2014  10/05/2014	Name of person(s) traveling Herman, Guy (Hon.)	
Departure city or name of departure location San Antonio, Texas		
Destination city or name of destination location Oaxaco, Mexico		
Means of transportation Airplane	Purpose of travel (including name of conference, seminar, or other event) Attend Oxaca Internation Language School and stay in host family for total immersion program	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee United Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input checked="" type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel  11/15/2014  11/15/2014	Name of person(s) traveling Herman, Guy (Hon.)	
Departure city or name of departure location Oaxaca, Mexico		
Destination city or name of destination location Houston, Texas		
Means of transportation Airplane	Purpose of travel (including name of conference, seminar, or other event) Attend Oxaca Internation Language School and stay in host family for total immersion program	