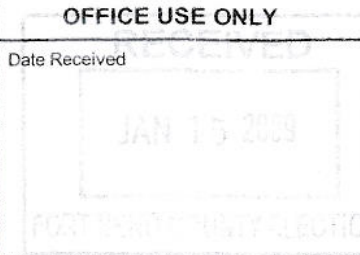


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION <b>Guide</b> explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 043	2 Total pages this report: 1/10
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Bob	<b>OFFICE USE ONLY</b>  Date Received  Date Hand-delivered or Date Postmarked  Receipt #      Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Hebert		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1303 Foster Creek Drive Richmond TX 77469		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Pat NICKNAME LAST SUFFIX Hebert		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1303 Foster Creek Richmond TX 77469		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( ) -		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year      THROUGH      Month Day Year 07/01/2008      12/31/2008		
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME **BOB HEBERT** 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political contributions accepted or political expenditures made 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. \*\*

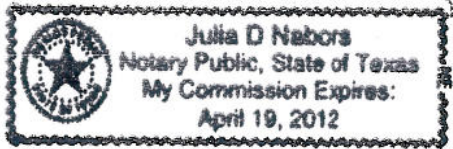
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 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)	\$ 7500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 172.87
	4. TOTAL POLITICAL EXPENDITURES	\$ 30266.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 34,223.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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.



*Bob Hebert*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said \_\_\_\_\_ this the 15th day of January, 2011, to certify which, witness my hand and seal of office

*[Signature]* Julia D Nabors Notary Public, State of Texas  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/10	
2 FILER NAME Bob Hebert		3 ACCOUNT # (Ethics Commission filers) 043	
4 Date  10/25/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HOME-PAC ..... 6 Contributor address; City; State; Zip Code 9511 W. Sam Houston Parkway  Houston TX 77064	7 Amount of contribution (\$)  1500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date  10/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) KBR PAC ..... Contributor address; City; State; Zip Code 4100 Clinton Dr.  Houston TX	Amount of contribution (\$)  2500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date  08/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allison Wen ..... Contributor address; City; State; Zip Code 11627 FM 1464  Richmond TX 77469	Amount of contribution (\$)  3500.00	In-kind contribution description (if applicable)  Breakfast sponsorship
Principal occupation (Optional)		Employer (Optional)	



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
4/10**2** FILER NAME  
Bob Hebert**3** ACCOUNT # (Ethics Commission Filer)  
043

<b>4</b> Date 10/27/2008	<b>5</b> Payee name ARC	<b>7</b> Amount (\$) 1500.00
<b>6</b> Payee address; City; State; Zip Code 12919 Dairy Ashford Sugar Land TX 77478		

<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Sponsorship for 'Best in the West'	<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
--	---

Date 08/05/2008	Payee name American Red Cross	Amount (\$) 1000.00
Payee address; City; State; Zip Code P. O. Box 393 Richmond TX 77406-0393		

Purpose of expenditure (See instructions regarding type of information required.) Super Bail sponsorship	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
---	--

Date 11/05/2008	Payee name City of Arcola	Amount (\$) 100.00
Payee address; City; State; Zip Code 13222 Hwy 6 Arcola TX 77583		

Purpose of expenditure (See instructions regarding type of information required.) sponsorship 'Christmas at the Hall'	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
--	--

Date 10/03/2008	Payee name City of Richmond	Amount (\$) 500.00
Payee address; City; State; Zip Code TX		

Purpose of expenditure (See instructions regarding type of information required.) Miracle on Morton Street sponsorship	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** Total pages report:  
5/10**2** FILER NAME  
Bob Hebert**3** ACCOUNT # (Ethics Commission filers)  
043

4 Date	5 Payee name	7 Amount (\$)
10/03/2008	City of Richmond	15.00
6 Payee address; City; State; Zip Code		
TX		
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) fort Bend County Mayor and Council dinner		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
10/03/2008	City of Rosenberg	500.00
Payee address; City; State; Zip Code		
2110 Fourth St. Rosenberg TX 77471		
Purpose of expenditure (See instructions regarding type of information required.) Christmas in Rosenberg sponsorship		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
11/11/2008	Exchange Club of Sugar Land	100.00
Payee address; City; State; Zip Code		
4800 Sugar Grove Blvd. Suite 100 Stafford TX 77477-2627		
Purpose of expenditure (See instructions regarding type of information required.) Donation to Santa's Exchange		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
11/10/2008	Fiesta	200.00
Payee address; City; State; Zip Code		
3707 Ave. H Rosenberg TX 77471		
Purpose of expenditure (See instructions regarding type of information required.) Donation for Channel 13 food drive		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
6/10

2 FILER NAME  
Bob Hebert

3 ACCOUNT # (Ethics Commission filers)  
043

4 Date 08/05/2008	5 Payee name Fort Bend Buyers Group ..... 6 Payee address; City; State; Zip Code 12919 Dairy Ashford, Suite 200 Sugar Land TX	7 Amount (\$) 100.00
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8 Purpose of expenditure (See instructions regarding type of information required.) Donation	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date 12/03/2008	Payee name Fort Bend Chamber of Commerce ..... Payee address; City; State; Zip Code 445 Commerce Green Sugar Land TX 77478	Amount (\$) 225.00
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Purpose of expenditure (See instructions regarding type of information required.) Membership dues	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date 07/01/2008	Payee name Fort Bend County Fair Association ..... Payee address; City; State; Zip Code 4310 Hwy 36 South Rosenberg TX 77471	Amount (\$) 1500.00
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Purpose of expenditure (See instructions regarding type of information required.) County Fair sponsorship	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date 10/27/2008	Payee name Fort Bend County Fair Association ..... Payee address; City; State; Zip Code 4310 Hwy 36 South Rosenberg TX 77471	Amount (\$) 10605.00
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Purpose of expenditure (See instructions regarding type of information required.) Donation	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
7/10

2 FILER NAME  
Bob Hebert

3 ACCOUNT # (Ethics Commission filers)  
043

4 Date 08/05/2008	5 Payee name Fort Bend Museum Association ----- 6 Payee address; City; State; Zip Code P.O. Drawer 460 Richmond TX 77469	7 Amount (\$) 1000.00
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8 Purpose of expenditure (See instructions regarding type of information required.) Texian Market Days sponsorship	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/03/2008	Payee name Fort Bend Museum Association ----- Payee address; City; State; Zip Code P.O. Drawer 460 Richmond TX 77469	Amount (\$) 1000.00
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Purpose of expenditure (See instructions regarding type of information required.) Donation	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 08/14/2008	Payee name Greg Ordeneaux Campaign ----- Payee address; City; State; Zip Code 3200 Southwest Freeway, Suite 2600 Houston TX 77027	Amount (\$) 2000.00
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Purpose of expenditure (See instructions regarding type of information required.) Campaign contribution	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/07/2008	Payee name Jo Ann Fabrics ----- Payee address; City; State; Zip Code Sugar Land TX 77479	Amount (\$) 123.72
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Purpose of expenditure (See instructions regarding type of information required.) supplies for County Christmas party	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
8/10

2 FILER NAME  
Bob Hebert

3 ACCOUNT # (Ethics Commission filers)  
043

4 Date 11/20/2008	5 Payee name Joan Huffman Campaign ..... 6 Payee address; City; State; Zip Code  TX	7 Amount (\$) 1000.00
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8 Purpose of expenditure (See instructions regarding type of information required.) Campaign donation	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/25/2008	Payee name Kerr High School ..... Payee address; City; State; Zip Code  TX	Amount (\$) 75.00
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Purpose of expenditure (See instructions regarding type of information required.) Handbell choir for county Christmas party- tree lighting	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 09/07/2008	Payee name Rick Miller ..... Payee address; City; State; Zip Code 3218 Oakland Dr. Sugar Land TX 77479	Amount (\$) 500.00
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Purpose of expenditure (See instructions regarding type of information required.) Donation for purchase of McCain signs	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 08/12/2008	Payee name Republican Party of Fort Bend County ..... Payee address; City; State; Zip Code 231 River Grove Sugar Land TX 77478	Amount (\$) 400.00
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Purpose of expenditure (See instructions regarding type of information required.) Hole sponsorships for golf tournament	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
9/10

2 FILER NAME  
Bob Hebert

3 ACCOUNT # (Ethics Commission filers)  
043

4 Date 08/05/2008	5 Payee name Rose Rich Chamber of Commerce ----- 6 Payee address; City; State; Zip Code 4120 Ave H Rosenberg TX 77471	7 Amount (\$) 150.00
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8 Purpose of expenditure (See instructions regarding type of information required.) Membership dues	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date 09/23/2008	Payee name Rose Rich Chamber of Commerce ----- Payee address; City; State; Zip Code 4120 Ave H Rosenberg TX 77471	Amount (\$) 200.00
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Purpose of expenditure (See instructions regarding type of information required.) Tickets to Gala	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
--	--

Date 08/11/2008	Payee name Rosenberg Railroad Museum ----- Payee address; City; State; Zip Code 3rd and Ave F Rosenberg TX 77471	Amount (\$) 1500.00
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Purpose of expenditure (See instructions regarding type of information required.) Sponsorship for Gala	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date 12/02/2008	Payee name Rosenberg Railroad Museum ----- Payee address; City; State; Zip Code 3rd and Ave F Rosenberg TX 77471	Amount (\$) 1300.00
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Purpose of expenditure (See instructions regarding type of information required.) Donation	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 10/10
<b>2</b> FILER NAME Bob Hebert		<b>3</b> ACCOUNT # (Ethics Commission filers) 043
<b>4</b> Date 07/05/2008	<b>5</b> Payee name Vounteer Fort Bend ..... <b>6</b> Payee address; City; State; Zip Code P.O. Box1129 Richmond TX 77406-1129	<b>7</b> Amount (\$) 1500.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Sponsorship	<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	
Date 09/03/2008	Payee name Wharton County Junior Colleg Foundation ..... Payee address; City; State; Zip Code 911 Boling Highway Wharton TX 77488	Amount (\$) 3000.00
Purpose of expenditure (See instructions regarding type of information required.) Donation	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	