# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guid	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 0000	2 PAGE # 1 of 57			
3 CANDIDATE / OFFICEHOLDER	M9/MRS/MR FIRST W. A.	MI	OFFICE USE ONLY			
NAME	IVIT. VV. A.		Date Received			
	NICKNAME LAST Andy Meyers	SUFFIX	Elections Office			
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	JAN 1 5 2008			
OFFICEHOLDER MAILING ADDRESS	423 Longview Drive Sugar Land, TX 77478	STATE: ZIPCODE	Ft Bend County			
Change of Address	ougai cana, 1x 17410		Date Hand-delivered or Date Postmarked			
Change of Address						
			Receipt # Amount			
5 CAMPAIGN TREASURER	Ms/MRs/MR FIRST Michael	MI	Date Processed			
NAME	NICKNAME LAST	SUFFIX	Date Imaged			
	Meyers		1			
6 CAMPAIGN		PT / SUITE #; CITY: STATE:	ZIP CODE			
TREASURER ADDRESS (Residence or business)	423 Longview Drive Sugar Land, TX 77478					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION				
8 REPORT TYPE	X January 15 30th day before	ore election Runoff	15th day after campaign treasurer appointment (officeholder only)			
	July 15 Sth day befor	re election Exceeded \$500 limit	Final report (Attach C/OH - FR)			
9 PERIOD	Month Day Year	Month Day THROUGH	Year			
COVERED	07/01/2007	12/30/20	07			
10 ELECTION	Month Day Year ELEC	CTION TYPE				
	04/04/2008	Primary Runoff	General Special			
11 OFFICE	OFFICE HELD (if any) County Commissioner Pct. 3	12 OFFICE SOUGHT (if known County Commission	er Pct. 3			
13 NOTICE OF DIRECT CAMPAIGN		valign expenditures made by others without the commation only if they receive notification of the dire				
EXPENDITURE BY OTHER INDIVIDUALS	Name					
	Address/PO Box: Apt. / Suite #; City;	State: Zip Code				
additional pages						
	GO TO PAGE 2					

CANDIDATE SUPPORT &		ORM C/OH SHEET PG 2				
14 C/OH NAME Meye	rs, W. A. (Mr.)		15 ACCOUNT # (EI	thics Commission filers)		
16 NOTICE FROM	have been made with	tice of collitical expenditures by political committees to support the can out the candidate's or officeholder's knowledge or consent. Candidate y receive notice of such expenditures				
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		>		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>CO,</u>			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	22,089.50		
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	505.55		
	4. TOTAL	POLITICAL EXPENDITURES	\$	33,976.45		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	38,572.93		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	0.00		
18 AFFIDAVIT	.55	I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Cod.	all information require			
DELYNN KAY DAVIS MY COMMISSION EXPIRES June 17, 2008  Signature of Candidate or Officeholder						
AFFIX NOTARY	STAMP / SEAL ABO	. 1 2 22	/			
Sworn to and subscri		the said <u>W. H. Meyers</u> ertify which, witness my hand and seal of office.	, this the	day		
Welipu K Signature of officer adm	ay Rairis	Delynn Kay Davi's Print name of officer administering oath	Notary P	oblicstering oath		

P.O.Box 12070

#### SCHEDULE A

	The Instruction	N GUIDE explains how to compl	ete this form.	1 PAGE # Schedule: 1/12 Report: 3/57			rt: 3/57
2	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics Co	ommission filers)
4	Date	5 Full name of contributor [Aguirre, Oscar (Mr.)	out-of-state PAC(ID#	)			Amount of ontribution (\$)
	10/19/2007	6 Contributor address; C 4800 Sugar Grove # 600 Stafford, TX 77477	ity; State; Zip Code				\$500.00
8	Principal occup	ation / Job title (See Instructions)		9 Employer (See In	structions)		,
10		tion n-kind contribution for travel outsi boxes 12-18. Otherwise, complet		11 In-kind description	n (if applicable)		
12	Name of person	n(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages	if necessary)		
13	Departure city /	location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of transportation				18 Purpose of travei			
4	Date	5 Full name of contributor [ Allen, Boone & Humperies	out-of-state PAC(ID#_				Amount of entribution (S)
	08/09/2007	6 Contributor address; C 3200 SW Freeway # 2600 Houston, TX 77027	City; State; Zip Code				\$1,000.00
8	Principal occup	vation / Job title (See Instructions	)	9 Employer (See In	structions)		
10	In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description (if applicable)			
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
13	3 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of transportation			18 Purpose of travel				

Texas Ethics Commission

#### SCHEDULE A

	THAN ELDOL					
The Instruction	on Guide explains how to compl	ete this form.	-	1 PAGE# Schedule: 2/1	2 Repo	rt: 4/57
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	ommission filers)
4 Date	5 Full name of contributor [ Arcadis G&M, In.c Texas P/		)			Amount of entribution (\$)
08/09/2007	6 Contributor address; C 11490 Westheimer # 600 Houston, TX 77077	City; State; Zip Code				\$1,000.00
8 Principal occup	pation / Job title (See Instructions	)	9 Employer (See in	structions)	3	
☐ complete	n-kind contribution for travel outsi boxes 12-18. Otherwise, comple	te box 11 if applicable.	11 In-kind description	G	)	
12 Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation	Landon	18 Purpose of travel			
4 Date   5 Fuil name of contributor   out-of-state PAC(ID#_Beckendorf, Malcolm (Mr.)   12/30/2007   6 Contributor address; City; State; Zip Code 5072 Mockingbird, Ln.						Amount of ontribution (\$) \$112.50
8 Principal occu	Katy, TX 77493 pation / Job title (See Instructions	;)	9 Employer (See In	nstructions)		
10 In-kind contrib	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and ete box 11 if applicable.	11 In-kind description (if applicable) Fundraisers Expenditures - Postage, other			
12 Name of perso	on(s) traveling on whose behalf th	e travel was accepted (	attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation	1	18 Purpose of travel			L



P.O.Box 12070

#### SCHEDULE A

The Instruction Guide explains how to com	3 3	1 PAGE # Schedule: 3/12 Report: 5/57			
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	ommission filers)
4 Date 5 Full name of contributor Boberts, Jim & Betul	out-of-state PAC(ID#	)	L		Amount of ontribution (\$)
07/16/2007 6 Contributor address; 10015 Sable Meadow Ct. Houston, TX 77064	City; State; Zip Code			\$1,000.00	
8 Principal occupation / Job title (See Instruction	s)	9 Employer (See In	structions)		>
10 In-kind contribution  Check if in-kind contribution for travel out complete boxes 12-18. Otherwise, complete		11 In-kind description	n (if applicable)		
12 Name of person(s) traveling on whose behalf t	he travel was accepted (a	attach additional pages	if necessary)		
13 Departure city / location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of transportation		18 Purpose of travel			
4 Date 5 Full name of contributor Cannon, Jeff (Mr.)					Amount of ontribution (\$)
07/16/2007 6 Contributor address; 11767 Katy Freeway # 370 Houston, TX 77079	City; State; Zip Code	•••••			\$2,000.00
8 Principal occupation / Job title (See Instruction	s)	9 Employer (See In	structions)		
10 In-kind contribution  Check if in-kind contribution for travel out complete boxes 12-18. Otherwise, comp	side Texas and ete box 11 if applicable.	11 In-kind description (if applicable)			
12 Name of person(s) traveling on whose behalf	the travel was accepted (a	attach additional pages	if necessary)		
13 Departure city / location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of transportation	18 Purpose of travel				
					and a second second second second second

# POLITICAL CONTRIBUTIONS

### SCHEDULE A

1-800-325-8506

UINER	THAN PLEDGE	5 OK LOAI	NO			
The Instruction	ом Guює explains how to complet	e this form.	15	1 PAGE# Schedule: 4/12 Report: 6/57		
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics Co	ommission filers)
4 Date	5 Full name of contributor Cartwright, James & Miriam	out-of-state PAC(ID#				Amount of ntribution (\$)
07/16/2007	6 Contributor address; City 15914 Pebble Creek Trail Cypress, TX 77433	r; State: Zip Code				\$1,000.00
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See In	structions)	3	
10 In-kind contribu	ution		11 In-kind description	(if applicable)		
	n-kind contribution for travel outside boxes 12-18. Otherwise, complete					
12 Name of perso	n(s) traveling on whose behalf the t	travel was accepted (a	attach additional pages	if necessary)		
13 Departure city	/ location 1	4 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation	C-11-8-97-97-97-97-97-97-97-97-97-97-97-97-97-	18 Purpose of travel			
4 Date	5 Full name of contributor Costello, Stephen	1 (2) (4) (5) (5) (4) (4) (4) (4) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6			1.5	Amount of ontribution (\$)
10/19/2007	6 Contributor address; City 2211 McDuffie Houston, TX 77019	y; State; Zip Code	**********			\$2,000.00
8 Principal occur	pation / Job title (See Instructions)		9 Employer (See In	structions)		
10 In-kind contrib	ution in-kind contribution for travel outside boxes 12-18. Otherwise, complete	e Texas and box 11 if applicable.	11 In-kind description (if applicable)			
12 Name of perso	on(s) traveling on whose behalf the	travel was accepted (	attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation		18 Purpose of travel			
			•			

Austin, Texas 78711-2070



P.O.Box 12070

		- 4
COL	COL	
SCH		-

The Instruction (	Guide explains how to comple	ete this form.		1 PAGE # Schedule: 5/1	2 Report: 7/57	
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics Commission filers)	
Service and analysis of the	Full name of contributor Core, Melisa (Ms.)	cut-of-state PAC(ID#	)		7 Amount of contribution (\$)	
1	Contributor address; Ci 1811 Moss Branch Rd. Jouston, TX 77043	ty; State; Zip Code	***************************************		\$1,000.00	
8 Principal occupati	ion / Job title (See Instructions)		9 Employer (See In:	structions)		
	on ind contribution for travel outsi ixes 12-18. Otherwise, complet		11 In-kind description	n (if applicable)		
12 Name of person(s	s) traveling on whose behalf the	e travel was accepted (a	ttach additional pages	if necessary)		
13 Departure city / lo	ocation	14 Departure date	15 Destination city /	location	16 Arrival date	
17 Means of transpo	rtation		18 Purpose of travel			
The second secon	Full name of contributor [ Lin, Dawn (Ms.)	out-of-state PAC(ID#			7 Amount of contribution (\$)	
1110012001	G Contributor address; C 13935 Hidden Lake Ln. Sugar Land, TX 77478	ity; State; Zip Code	*******************		\$500.00	
8 Principal occupat	tion / Job title (See Instructions		9 Employer (See Instructions)			
10 In-kind contribution Check if in-kind complete both	on kind contribution for travel outsi oxes 12-18. Otherwise, comple	de Texas and te box 11 if applicable,	11 In-kind description (if applicable)			
12 Name of person(	s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages	if necessary)		
13 Departure city / le	ocation	14 Departure date	15 Destination city /	location	16 Arrival date	
17 Means of transportation			18 Purpose of travel			

1-800-325-8506

#### Austin, Texas 78711-2070

#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A

OTHER	THAN PLEDGE	3 UK LUAI	NO.			
The Instruction	N GUIDE explains how to compl	ete this form.	1 PAGE # Schedule: 6/12 Report: 8/57		ort; 8/57	
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics Co	ommission filers)
4 Date	5 Full name of contributor [Lippke, Patricia C.	out-of-state PAC(ID#	)			Amount of ontribution (\$)
07/16/2007	6 Contributor address; C 19 Flamingo Rockport, TX 78382	ity; State; Zip Code				\$1,000.00
8 Principal occup	ation / Job title (See Instructions)	)	9 Employer (See In	structions)		
	ution n-kind contribution for travel outsi boxes 12-18. Otherwise, complet		11 In-kind description	n (if applicable)		
12 Name of person	n(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	portation		18 Purpose of travel			
4 Date 07/23/2007	5 Full name of contributor Lippke, Patricia C. 6 Contributor address; C. 19 Flamingo Rockport, TX 78382	cut-of-state PAC(ID#				Amount of contribution (\$) \$1,000.00
8 Principal occup	pation / Job title (See Instructions		9 Employer (See In	structions)		
	ution n-kind contribution for travel outs boxes 12-18, Otherwise, comple		11 In-kind description	n (if applicable)		
12 Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city i	location		16 Arrival date
17 Means of trans	sportation		18 Purpose of travel			

P.O.Box 12070

SCH	EDI	11 5	- 0
SUL		36.0	

The INSTRUCTION	אס Guide explains how to compl	ete this form.	•	1 PAGE # Schedule: 7/1	2 Repo	rt: 9/57
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics Co	ommission filers)
4 Date	5 Full name of contributor [ Miller, Jack	out-of-state PAC(ID#_	)	L		Amount of ntribution (\$)
08/09/2007	6 Contributor address; C 12121 Wickchester Lane #200 Houston, TX 77079	tity; State; Zip Code	*****************			\$1,000.00
8 Principal occup	pation / Job title (See Instructions	)	9 Employer (See In	structions)		>
	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	n (if applicable)		
12 Name of perso	on(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation		18 Purpose of travel			
4 Date 08/09/2007	5 Full name of contributor [Perdue Brandon Fielder Co	out-of-state PAC(ID#_ Illins LLP City; State; Zip Code	)			Amount of shirthbution (\$) \$2,500.00
8 Principal occu	pation / Job title (See Instructions		9 Employer (See In	nstructions)		
	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description (if applicable) .			
12 Name of person	on(s) traveling on whose behalf the	e travel was accepted (	attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of transportation			18 Purpose of travel			

PDF Conversion by Matocha & Associates - www.TallTexas.com

Texas Ethics Commission

		CAL CONTRIBUTED THAN PLEDGE		NS		SCHEDULE A
	The Instruction	on Guide explains how to comp	lete this form.	*	1 PAGE# Schedule: 8/12	Report: 10/57
2	FILER NAME	Meyers, W. A. (Mr.)				thics Commission filers)
4	Date	5 Full name of contributor [ Perry, Bob	out-of-state PAC(ID#_		7	Amount of contribution (\$)
	08/09/2007	6 Contributor address; (PO Box 34153 Houston, TX 77234	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		\$1,000.00
8	Principal occup	nation / Job title (See Instructions	5)	9 Employer (See In	structions)	
10		ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	n (if applicable)	
12	2 Name of person	n(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages	if necessary)	
13	Departure city	/ location	14 Departure date	15 Destination city /	ocation	16 Arrival date
17	Means of trans	portation		18 Purpose of travel		0.5
4	Date 08/09/2007	Perry, Doylene (Mrs.)	out-of-state PAC(ID#	)		Amount of contribution (\$) \$1,000.00
8	Principal occup	pation / Job title (See Instructions	5)	9 Employer (See In	structions)	
10		ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	n (if applicable)	
12	Name of perso	on(s) traveling on whose behalf the	ne travel was accepted (a	attach additional pages	if necessary)	
1:	3 Departure city	/ location	14 Departure date	15 Destination city /	location	16 Arrival date
17	7 Means of trans	sportation		18 Purpose of travel		

#### SCHEDULE A

	The Instruction	N GUIDE explains how to compl	ete this form.		1 PAGE # Schedule: 9/12 Report: 11/57			
2	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics Co	ommission filers)	
4	Date	5 Full name of contributor [Perry, Will (Mr.)	-				Amount of ontribution (\$)	
	08/09/2007	6 Contributor address; C 15 Stgeve Fuqua Place Missouri City, TX 77459		\$1,000.00				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)								
10	In-kind contribution Check if in complete	tion n-kind contribution for travel outsi boxes 12-18. Otherwise, comple	de Texas and te box 11 if applicable.	11 In-kind description (if applicable)				
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)								
13	3 Departure city /	Departure city / location 14 Departure date 15 Destination city / location			location		16 Arrival date	
17 Means of transportation 18 Purpose of travel								
4	4 Date   5 Full name of contributor   out-of-state PAC(ID# )   7 Amount of contribution (\$)    07/23/2007   6 Contributor address; City; State; Zip Code   \$1,000.00   P.O. Box 690287   San Antonio, TX 78269							
8	Principal occup	pation / Job title (See Instructions		9 Employer (See Instructions)				
1	In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and the box 11 if applicable.	11 In-kind description (if applicable)				
1	2 Name of perso	n(s) traveling on whose behalf th	e travel was accepted (	attach additional pages	if necessary)			
1	3 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date	
1	7 Means of trans	sportation		18 Purpose of travel			L	

PDF Conversion by Matocha & Associates - www.TallTexas.com

P.O.Box 12070

#### SCHEDULE A

	The Instruction	N GUIDE explains how to compl		1 PAGE # Schedule: 10/12 Report: 12/57			
2	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	ommission filers)
4	Date	5 Full name of contributor [Ratnala, Balwanthrao (Mr.)	out-of-state PAC(ID#	)			Amount of ontribution (S)
	07/16/2007	6 Contributor address; C 18815 Windsor Lakes Dr. Houston, TX 77094	ity; State; Zip Code				\$1,000.00
8 Principal occupation / Job title (See Instructions)			)	9 Employer (See Instructions)			
10 In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.				11 In-kind description (if applicable)			
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)							
13	Departure city	location	14 Departure date	15 Destination city /	location		16 Arrival date
17	Means of trans	portation		18 Purpose of travel			
4	Date	5 Full name of contributor [Rhoads, Orval (Mr.)	out-of-state PAC(ID#_				Amount of ontribution (\$)
12/30/2007 6 Contributor address; City; State; Zip Code \$24 3606 Pitts Rd Katy, TX 77493				\$246.50			
8	Principal occup	pation / Job title (See Instructions	)	9 Employer (See Instructions)			
10	In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description (if applicable) Fundraisers Expenditures - postage, miscellaneous			
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
13	3 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of transportation			1	18 Purpose of travel			

P.O.Box 12070

SCH	EDI	1 2 2	_	n
SUT		பட		~

lete this form.	7	1 PAGE # Schedule: 11/12 Report: 13/57					
	*	3 ACCOUNT# 0000	(Ethics Co	ommission filers)			
out-of-state PAC(ID#				Amount of ntribution (\$)			
08/09/2007 6 Contributor address; City; State; Zip Code 701 Shephard # 200 Houston, TX 77007							
8 Principal occupation / Job title (See Instructions)							
10 In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)				
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)							
13 Departure city / location 14 Departure date				16 Arrival date			
17 Means of transportation							
out-of-state PAC(ID#_				Amount of Intribution (\$)			
City; State; Zip Code	********			\$480.50			
s)	9 Employer (See Instructions)						
side Texas and ete box 11 if applicable.	11 In-kind description (if applicable) Fundraisers Expenditures, postage, invitations, office expense/supplies & other						
he travel was accepted (	attach additional pages	if necessary)					
14 Departure date	15 Destination city /	location		16 Arrival date			
	18 Purpose of travel						
	out-of-state PAC(ID#	out-of-state PAC(ID#	Schedule: 11/  3 ACCOUNT # 0000  city; State; Zip Code  11 In-kind description (if applicable)  12 Departure date  13 Destination city / location  14 Departure date  15 Destination city / location  18 Purpose of travel  city; State; Zip Code  19 Employer (See Instructions)  10 Destination city / location  11 In-kind description (if applicable)  12 Purpose of travel  13 Destination city / location  14 Departure date  15 Destination city / location  16 Purpose of travel  17 In-kind description (if applicable)  18 Purpose of travel  19 Employer (See Instructions)  10 Destination city / location  11 In-kind description (if applicable)  12 Fundraisers Expenditures, postage expense/supplies & other  13 Destination city / location  14 Departure date  15 Destination city / location  16 Destination city / location	Schedule: 11/12 Repr  3 ACCOUNT # (Ethics Co 0000  out-of-state PAC(ID#			

P.O.Box 12070

### SCHEDULE A

OTTILIN	THAN PLEDGE	J OIL LOA	110				
The Instruction	ON GUIDE explains how to complet	te this form.		1 PAGE # Schedule: 12/12 Report: 14/57			
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000			
4 Date	5 Full name of contributor Wilcox, Thomas (Mr.)	out-of-state PAC(ID#	)		7 Amount of contribution (\$)		
08/09/2007	6 Contributor address; City 4903 Water Point Missouri City, TX 77459	y; State; Zip Code			\$500.00		
Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)					
10 In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)				
12 Name of perso	on(s) traveling on whose behalf the	travel was accepted (a	attach additional pages	if necessary)			
13 Departure city	/ location	14 Departure date	15 Destination city /	ocation	16 Arrival date		
17 Means of trans	sportation		18 Purpose of travel				
		BiO					

POLITIO	CAL EXPENDIT	URES			so	CHEDULE F
The Instruction	эн Guide explains how to compl	ete this form.		1 PAGE # Schedule: 1/31 Report: 15/57		
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date	Payee name     A. J. Dorr Campaign				7	Amount (\$)
09/14/2007 6 Payee address; City; State; Zip Code 13203 Colony Road Needville, TX 77461						\$325.00
8 Purpose of payment (See instructions regarding type of information required.) Contribtuion  9 ** Complete if direct ex Candidate / Officeholder  Office sought:				fit Cand	idate/Officeholder **	
	or travel outside Texas (complete	Office held:	ional pages if pages	anı)		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)						
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation			16 Purpose of travel	***************************************		
4 Date	5 Payee name A. J. Dorr Campaign	-10)	1 1		7	Amount (\$)
09/14/2007	6 Payee address; C 13203 Colony Road Needville, TX 77461	ity, State; Zip Code				\$250.00
Contribtuion	ons regarding type of information		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought:			
	or travel outside Texas (complete		Office held:			
10 Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	i was made (attach addi	uonai pages if necess	sary)	
11`Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation			16 Purpose of travel			

P.O.Box 12070

POLITIC	AL EXPENDIT	URES			S	CHEDULE F	
The Instruction	Guide explains how to compl	lete this form.	•;	1 PAGE # Schedule: 2/3	e: 2/31 Report: 16/57		
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000			
4 Date 5	Payee name Boy Scout Troop 584				7	Amount (\$)	
10/01/2007 6 Payee address; City; State; Zip Code 21902 Suntree Katy, TX 77450						\$306.78	
Donation to Bo	regarding type of information i	Office sought:				idate/Officeholder **	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city / lo	ocation	12 Departure date	13 Destination city / location			14 Arrival date	
15 Means of transpo	15 Means of transportation					Manuel Commission	
10/22/2007	Payee name Bronsell, Mandi (Mrs.)  Payee address;  2402 Standing Oak Ln. Richmond, TX 77469	ity; State; Zip Code			7	Amount (\$) \$42.00	
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement of Auction Item for Political Event  1 Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:			idate/Officeholder **	
10 Name of person(s	s) traveling on whose behalf th	e expenditure for travel	I was made (attach addi	tional pages if necess	sary)		
11 Departure city / lo	ocation	12 Departure date	13 Destination city /	location		14 Arrival date	
15 Means of transportation			16 Purpose of travel				

#### 1-800-325-8506 (512)463-5800 P.O.Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission SCHEDULE F POLITICAL EXPENDITURES PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 3/31 Report: 17/57 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Meyers, W. A. (Mr.) 0000 Date Amount Payee name Bronsell, Mandi (Mrs.) (\$) 11/26/2007 \$150.00 6 Payee address; City; State; Zip Code 2402 Standing Oak Ln. Richmond, TX 77469 Purpose of payment 9 . Complete if direct expenditure to benefit Candidate/Officeholder .. (See instructions regarding type of information required.) Candidate / Officeholder name: Reimbursement of Auction Item for Political/Charity Events Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 15 Means of transportation 16 Purpose of travel Date Payee name Amount Bronsell, Mandi (Mrs.) (\$) . . . . . . . . . 12/20/2007 \$75.00 6 Payee address; City; State; Zip Code 2402 Standing Oak Ln. Richmond, TX 77469 Purpose of payment 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · (See instructions regarding type of information required.) Candidate / Officeholder name: Christmas Gift to Office Staff Member Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 13 Destination city / location 11 Departure city / location 12 Departure date 14 Arrival date 15 Means of transportation 16 Purpose of travel

PDF Conversion by Matocha & Associates - www.TallTexas.com

exas Ethics Com	mission P.O.Box 12070	Austin, Texas 7	8711-2070	(512)463-	5800	1-800-325-8508
POLITI	CAL EXPENDIT	URES			so	HEDULE F
The Instruction	ом Guide explains how to comp	lete this form.		1 PAGE # Schedule: 4/31	Repor	t: 18/57
2 FILER NAME	Meyers, W. A. (Mr.)		77,000	3 ACCOUNT# (0000	Ethics Co	ommission filers)
4 Date	5 Payee name Campaign Solutions LL	C			7	Amount (\$)
09/18/2007	6 Payee address; C 7222 Bellerive # 2505 Houston, 77036				\$2,500.00	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Services Fee/Expenses  □ Payment for travel outside Texas (complete boxes 10-16)				A-2200 12 (4)		
	on(s) traveling on whose behalf th		was made (attach addi	tional pages if necessar	ary)	ACCEPTED THE RESERVE OF THE PERSON OF THE PE
11 Departure city / location 12 Departure date			13 Destination city /	location		14 Arrival date
15 Means of trans	sportation		16 Purpose of travel			
4 Date	5 Payee name Campaign Solutions LL	c			7	Amount (\$)
09/18/2007	6 Payee address; 7222 Bellerive # 2505 Houston, TX 77036	City; State; Zip Code	***********			\$1,500.00
	ons regarding type of information expenses - Vehicle, Phone, of		9 · · Complete if direction Candidate / Officeho	ct expenditure to benef older name:	fit Candi	date/Officeholder **
			Office sought:			
Payment i	for travel outside Texas (complete	e boxes 10-16)	Office held:			
10 Name of person	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach add	itional pages if necessar	ary)	
11 Departure city / location 12 Departure date			13 Destination city /	location		14 Arrival date
15 Means of tran	sportation	1	16 Purpose of trave	I		

POLITIO	CAL EXPENDIT	URES			SC	CHEDULE F
The Instruction	он Guide explains how to compl	ete this form.		1 PAGE # Schedule: 5/31 Report: 19/57		
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date	5 Payee name Campaign Solutions LLC	;			7	Amount (\$)
10/26/2007 6 Payee address; City; State; Zip Code 7222 Bellerive # 2505 Houston, TX 77036					\$500.00	
Campaign Se	yment ns regarding type of information ervices Fee/Expenses or travel outside Texas (complete	9 ** Complete if direc Candidate / Officeho Office sought:	t expenditure to bene ider name:	fit Cand	idate/Officeholder **	
	n(s) traveling on whose behalf th		was made (attach addit	ional pages if necess	ary)	
11 Departure city	/ location	12 Departure date	13 Destination city / location			14 Arrival date
15 Means of transportation			16 Purpose of travel			
4 Date	5 Payee name Campaign Solutions LL				7	Amount (\$)
11/11/2007	6 Payee address; C 7222 Bellerive # 2505 Houston, TX 77036	city, State; Zip Code				\$2,000.00
Campaign S entertainmen	hyment ons regarding type of information dervices/Expenses - vehicle, p nt, miscellaneous for travel outside Texas (complete	hone, supplies,	9 ** Complete if direct Candidate / Officehold:		efit Cand	idate/Officeholder **
	on(s) traveling on whose behalf the			tional pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation			16 Purpose of trave			

POLITI	CAL EXPENDIT	URES			so	CHEDULE F
The Instructi	ON GUIDE explains how to comp	elete this form.		1 PAGE# Schedule: 6/3	1 Repor	rt: 20/57
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date	5 Payee name City of Meadows Place				7	Amount (\$)
10/25/2007	10/25/2007 6 Payee address; City; State; Zip Code One Troyan Drive Meadows Place, TX 77477					\$150.00
8 Purpose of payment (See instructions regarding type of information required.) City Golf Tournament Ad  9 ** Complete if direct expenditure to beneficate and complete information required.) Candidate / Officeholder name:  Office sought: Office held:				L efit Candid	date/Officeholder **	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)						
11 Departure city	/ location	12 Departure date	13 Destination city /	iocation		14 Arrival date
15 Means of transportation			16 Purpose of travel		1	
4 Date	5 Payee name Comcast	5.0			7	Amount (\$)
07/30/2007	5 Payee address; 8590 W. Tidwell Rd Houston, TX 77040	City; State; Zip Code				\$33.65
Purpose of payment     (See instructions regarding type of information required.)     Campaign Web Site			9 · · Complete if direct Candidate / Officeho		I efit Candid	date/Officeholder **
	for travel outside Texas (completed) on(s) traveling on whose behalf the		Office held: I was made (attach addit	ional pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of tran	sportation	1	16 Purpose of travel			

exas Ethics Commission	P.O.Box 12070	Austin, Texas 78	3711-2070	(512)463	-5800	1-800-325-8506
POLITICAL	EXPENDIT	URES			so	HEDULE F
	ie:	the state of the s				
The Instruction Guide	explains how to comp	ete this form.		1 PAGE# Schedule: 7/3	1 Repor	t: 21/57
2 FILER NAME Meye	ers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
	Date 5 Payee name Comcast				7 Amount (\$)	
08/28/2007 6 Payee address; City; State; Zip Code 8590 W. Tidwell Rd Houston, TX 77040						\$55.26
8 Purpose of payment (See instructions regarding type of information required.) Campaign Web Site			9 · · Complete if direc Candidate / Officeho Office sought:	ct expenditure to bene older name:	efit Candi	date/Officeholder **
Payment for travel	outside Texas (complete	boxes 10-16)	Office held:			
10 Name of person(s) traveling on whose behalf the expenditure for travel w  11 Departure city / location  12 Departure date			was made (attach addi		sary)	14 Arrival date
15 Means of transportatio	n		16 Purpose of trave	I		
	ayee name omcast	7/0			7	Amount (\$)
8.	ayee address; (590 W. Tidwell Rd ouston, TX 77040	City; State; Zip Code				\$55.26
8 Purpose of payment (See instructions rega Campaign Web Site	arding type of information	required.)	9 ** Complete if dire Candidate / Officeho		efit Cand	idate/Officeholder **
Payment for trave	outside Texas (complete	e boxes 10-16)	Office sought: Office held:			
10 Name of person(s) tra	veling on whose behalf th	ne expenditure for travel	was made (attach add	itional pages if neces	sary)	
11 Departure city / location	n	12 Departure date	13 Destination city	location		14 Arrival date
15 Means of transportation	on		16 Purpose of trave	al .		

POLITICA	POLITICAL EXPENDITURES						
The Instruction Gu	DE explains how to comp	ete this form.		1 PAGE # Schedule: 8/3	1 PAGE # Schedule: 8/31 Report: 22/57		
2 FILER NAME Me	eyers, W. A. (Mr.)		· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT# 0000	(Ethics Co	ommission filers)	
4 Date 5 Payee name Comcast  10/29/2007 6 Payee address; City; State; Zip Code 8590 W. Tidwell Rd Houston, TX 77040				7 Amount (\$) \$60.67			
Campaign Web S	garding type of information r tite vel outside Texas (complete	boxes 10-16)	9 ** Complete if direct Candidate / Officeho  Office sought: Office held:	date/Officeholder **			
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)  11 Departure city / location  12 Departure date  13 Destination city / location						14 Arrival date	
11 Departure city / loca	cation 12 Departure date 13 Destination city / location				14 Alival date		
15 Means of transporta	tion	16 Purpose of travel					
4 Date 5 11/28/2007 6	Comcast				7	Amount (\$) \$66.08	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Web Site  □ Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:			date/Officeholder **	
10 Name of person(s)	traveling on whose behalf th	e expenditure for travel	was made (attach addi	tional pages if necess	sary)		
11 Departure city / loca	ation	12 Departure date	13 Destination city /	location		14 Arrival date	
15 Means of transportation			16 Purpose of travel				
	9						

POLITIO	CAL EXPENDIT	URES			SC	CHEDULE F
The Instruction	ON GUIDE axplains how to comp	lete this form.		1 PAGE # Schedule: 9/3	1 Repo	rt: 23/57
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		ommission filers)
4 Date 5 Payee name Comcast					7	Amount (\$)
12/28/2007 6 Payee address; City; State; Zip Code 8590 W. Tidwell Rd Houston, TX 77040						\$60.67
8 Purpose of payment (See instructions regarding type of information required.) Campaign Web Site  □ Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:			
10 Name of perso	10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location 12 Departure date			13 Destination city / location 14 Arrival date			14 Arrival date
15 Means of trans	sportation		16 Purpose of travel			
4 Date 12/20/2007	5 Payee name Davis, Delynn 6 Payee address; 1809 Eldridge Sugar Land, TX 77478	City; State; Zip Code			7	Amount (\$) \$75.00
8 Purpose of payment (See instructions regarding type of information required.) Christmas Gift to Office Staff Member  □ Payment for travel outside Texas (complete boxes 10-16)			9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · · Candidate / Officeholder name:  Office sought: Office held:			
10 Name of person	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addi	tional pages if neces	sary)	
11 Departure city / location 12 Departure date			13 Destination city / location 14 Arrival date		14 Arrivai date	
15 Means of transportation			16 Purpose of trave	I		I

#### POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 10/31 Report: 24/57 2 FILER NAME Meyers, W. A. (Mr.) 3 ACCOUNT # (Ethics Commission filers) 0000 Date Payee name Amount Dean Hrbacek & Associates (\$) 10/09/2007 \$4,117.82 6 Payee address; City; State; Zip Code 130 Industrial Blvd. # 120 Sugar Land, TX 77478 9 · · Complete if direct expenditure to benefit Candidate/Officeholder Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Legal services to Campaign Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 15 Means of transportation 16 Purpose of travel Date Payee name Amount Dean Hrbacek for Congress (\$) 09/27/2007 \$1,200.00 City; State; Zip Code 6 Payee address; 130 Indurstrial Blvd. # 120 Sugar Land, TX 77478 8 Purpose of payment 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · (See instructions regarding type of information required.) Candidate / Officeholder name: Contribution Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 16 Purpose of travel 15 Means of transportation

POLITICAL EXPENDIT	URES	P 2	ž.	SCHEDULE F	
The Instruction Guide explains how to compl	ete this form.		1 PAGE # Schedule: 11/31 Report: 25/57		
2 FILER NAME Meyers, W. A. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000			
4 Date 5 Payee name Exchange Club of Fort Bend  10/01/2007 6 Payee address; City; State; Zip Code 4800 Sugar Grove Glvd.#100 Stafford, TX 77477				7 Amount (\$) \$300.00	
Purpose of payment     (See instructions regarding type of information of Donation to local Service Club      Payment for travel outside Texas (complete)	Candidate / Officeho Office sought: Office held;	lder name:	efit Candidate/Officeholder **		
10 Name of person(s) traveling on whose behalf th	was made (attach additional pages if necessary)				
11 Departure city / location	12 Departure date	13 Destination city /	location	14 Arrival date	
15 Means of transportation	8	16 Purpose of travel			
4 Date 5 Payee name Exxon/Mobil Oil  08/13/2007 6 Payee address; C. P.O. Box 768911 Roswell, GA 30078-89			7 Amount (\$) \$220.00		
8 Purpose of payment (See instructions regarding type of information Expenses - Campaign Manager vehichle services per agreement.  □ Payment for travel outside Texas (complete	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:				
10 Name of person(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addi	tional pages if necess	sary)	
11 Departure city / location	12 Departure date	13 Destination city /	location	14 Arrival date	
15 Means of transportation	16 Purpose of trave	l			
		Account and the second and account of			

POLITICAL EXPENDITURES						CHEDULE F
The Instruction	N GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 12/3	31 Rep	ort: 26/57
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics Co	ommission filers)
4 Date	5 Payee name Faulkner, Tammy (Mrs.)		en e		7	Amount (\$)
11/21/2007 6 Payee address; City; State; Zip Code 2318 Osprey Park Katy, TX 77494			************			\$70.00
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for Pony League Team Party Expenses  □ Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct Candidate / Officeho Office sought: Office held:	t expenditure to bene ider name:	efit Candi	date/Officeholder **
10 Name of perso	n(s) traveling on whose behalf th	was made (attach addi	tional pages if necess	sary)		
11 Departure city / location 12 Departure date			13 Destination city / location 14 Arrival date		14 Arrival date	
15 Means of trans	sportation		16 Purpose of travel	× 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4400
4 Date 11/27/2007	5 Payee name Fort Bend Buyers Group 6 Payee address; C P.O. Box 428 Rosenberg, TX 77471	city; State; Zip Code			7	Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Donation to FFA & 4 H Fair Auction  Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:			
10 Name of person(s) traveling on whose behalf the expenditure for travel			was made (attach addi	tional pages if necess	sary)	
11 Departure city / location 12 Departure date			13 Destination city / location 14 Arrival date		14 Arrival date	
15 Means of transportation			16 Purpose of trave			
			L			

POLITIC	AL EXPENDIT	JRES			SC	HEDULE F
The Instruction	Guine explains how to comple	ete this form.	1 PAGE # Schedule: 13/31 Report: 27/57		ort: 27/57	
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		ommission filers)
4 Date 5 Payee name Fort Bend Chamber  10/09/2007 6 Payee address; City; State; Zip Code 445 Commerce Green Blvd Sugar Land, TX 77478					7	Amount (\$) \$225.00
Purpose of payment     (See instructions regarding type of information required.)     Chamber Dues      Payment for travel outside Texas (complete boxes 10-16)      Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional page).			ider name:		date/Officeholder **	
To Haine of person	(a) adversing on whose series as					
11 Departure city /	location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transp	ortation	0	16 Purpose of travel			
4 Date 10/25/2007	5 Payee name Fort Bend County Deput 6 Payee address; C 1410 Ransom Road Richmond, TX				7	Amount (\$) \$150.00
8 Purpose of payment (See instructions regarding type of information required.) Donation to Sheriff Deputy Association    Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:			
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach add	tional pages if neces	sary)	
11 Departure city /	location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	portation		16 Purpose of trave	ı		
			I management			

POLITICAL EXPEND	ITURES			S	CHEDULE F
The Instruction Guide explains how to c	omplete this form.	1 PAGE# Schedule: 14/31 Report: 28/57			ort: 28/57
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 5 Payee name Fort Bend Fair Asso	ciation			7	Amount (\$)
09/04/2007 6 Payee address; P.O. Box 428 Rosenberg, TX 774			3	\$1,000.00	
Purpose of payment     (See instructions regarding type of informal Donation to Fort Bend Fair Association     Payment for travel outside Texas (com	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office heid:				
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation		16 Purpose of travel			
4 Date 5 Payee name Fort Bend Fair Assorting 10/30/2007 6 Payee address; P.O. Box 428 Rosenberg, TX 774	City; State; Zip Code			7	Amount (\$) \$3,650.00
8 Purpose of payment (See instructions regarding type of information to Fort Bend Fair Association  1 Payment for travel outside Texas (common series)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:				
10 Name of person(s) traveling on whose beh	alf the expenditure for trave	I was made (attach addi	tional pages if necess	sary)	
11 Departure city / location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation	16 Purpose of travel			L	

exas Ethics Commission P.O.Box 12	070 Austin, Texas 7	8711-2070	(512)463	1-800-325-8506
POLITICAL EXPEND				SCHEDULE F
The Instruction Guide explains how to d	complete this form.		1 PAGE # Schedule: 15	/31 Report: 29/57
2 FILER NAME Meyers, W. A. (Mr.)		A CONTRACTOR OF THE CONTRACTOR	3 ACCOUNT # 0000	(Ethics Commission filers)
4 Date 5 Payee name Fort Bend Republic	an Club		<u> </u>	7 Amount (\$)
09/06/2007 6 Payee address; 130 Industrial Blvd. Sugar Land, TX 77				\$150.00
8 Purpose of payment (See instructions regarding type of inform Sponsor of Club Event	ation required.)	Candidate / Officeho		efit Candidate/Officeholder
Payment for travel outside Texas (con	nplete boxes 10-16)	Office sought: Office held:		
10 Name of person(s) traveling on whose bei	half the expenditure for travel	was made (attach addi	tional pages if neces	sary)
11 Departure city / location	12 Departure date	13 Destination city /	location	14 Arrival date
15 Means of transportation	Q	16 Purpose of trave	j	agrantina and and an analysis
4 Date 5 Payee name Fort Bend Republic 11/01/2007 6 Payee address; 130 Industrial Blvd Sugar Land, TX 7	City; State; Zip Code			7 Amount (\$) \$150.00
8 Purpose of payment (See instructions regarding type of inform Sponsor of Club Event	nation required.)	Candidate / Officeho		pefit Candidate/Officeholder **
Payment for travel outside Texas (con  10 Name of person(s) traveling on whose be		Office held:	itional pages if neces	ssary)
11 Departure city / location	12 Departure date	13 Destination city	location	14 Arrival date
15 Means of transportation		16 Purpose of trave	I	

#### (512)463-5800 1-800-325-8506 Austin, Texas 78711-2070 P.O.Box 12070 **Texas Ethics Commission** POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 17/31 Report: 31/57 3 ACCOUNT # (Ethics Commission filers) Meyers, W. A. (Mr.) 2 FILER NAME 0000 Payee name Hypotenuse, Inc. Amount Date (\$) 11/08/2007 \$312.01 6 Payee address; City; State; Zip Code 15 Bloomfield Ave. Verona, NJ 07044 Purpose of payment 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · (See instructions regarding type of information required.) Candidate / Officeholder name:

Get Out The Vote Phone Message Blast		Office sought:			
Payment for travel outside Texas (co	omplete boxes 10-16)	Office held:			
10 Name of person(s) traveling on whose b	ehalf the expenditure for travel	was made (attach additional pages if n	necessary)		
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date		

16 Purpose of travel

4 Date	5 Payee name Katy Pony Baseball		7 Amount (\$)
09/17/2007	6 Payee address; City; State; Zip Cod 4072 Katy Hockley Cut Off Katy, TX 77493	ie	\$300.00
	lyment ons regarding type of information required.)  by League Baseball Team	9 ** Complete if direct expenditure to bene Candidate / Officeholder name:	L sfit Candidate/Officeholder **

8	Purpose of payment (See instructions regarding type of information required.) Sponsor Pony League Baseball Team	9 ** Complete if direct expenditure to benefit Candidate/Officehold Candidate / Officeholder name:		
		Office sought:		
	Payment for travel outside Texas (complete boxes 10-16)	Office held:		
10	Name of person(s) traveling on whose behalf the expenditure for tra	vel was made (attach additional pages if necessary)	-	

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date	
15 Means of transportation		16 Purpose of travel		

Electronic Filing Version

15 Means of transportation

2070	Austin.	Texas	78711	-207

POLITICAL EXPENDITURES					sc	SCHEDULE F	
The Instruction Gui	DE explains how to compl		1 PAGE# Schedule: 18/31 Report; 32/57				
2 FILER NAME Meyers, W. A. (Mr.)				3 ACCOUNT # (Ethics Commission filers) 0000			
	4 Date 5 Payee name Meyers, Michael				7	Amount (\$)	
	Payee address; Ci P.O. Box 1275 Stafford, TX 77477			3	\$100.00		
(See instructions reg Campaign Manag	Purpose of payment (See instructions regarding type of information required.) Campaign Manager Services  9 ** Complete if direct expenditure to benefit Candidate / Officeholder name:  Office sought:				it Candidate/Officeholder		
Payment for travel outside Texas (complete boxes 10-16)  Office held:  10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city / local	11 Departure city / location 12 Departure date 13 Destination city / location			location	14 Arrival date		
15 Means of transportation 16 Purpose of travel							
4 Date 5	Date 5 Payee name Milton Wright Campaign 7			7	Amount (\$)		
10/12/2007 6 Payee address; City; State; Zip Code 1519 Tilman Dr. Richmond, TX 77469						\$175.00	
Purpose of payment     (See instructions regarding type of information required.)     Contribution			9 * * Complete if direct expenditure to benefit Candidate/Officeholder * * Candidate / Officeholder name:				
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:				
10 Name of person(s) t	traveling on whose behalf th	e expenditure for travel	was made (attach addi	tional pages if necess	sary)		
11 Departure city / loca	ition	12 Departure date	e 13 Destination city / location 14 Arrival date			14 Arrival date	
15 Means of transportation			16 Purpose of travel				

Texas Ethics Commission P.O.Box 12070	Austin, Texas 7	8711-2070	(512)463	3-5800	1-800-325-8506	
POLITICAL EXPENDIT	URES			SCH	EDULE F	
The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 19/	31 Report	: 33/57	
2 FILER NAME Meyers, W. A. (Mr.)		3 ACCOUNT # 0000	(Ethics Comr	mission filers)		
4 Date 5 Payee name Nationwide Insurance	Date 5 Payee name Nationwide Insurance			7	Amount (\$)	
07/16/2007 6 Payee address; City, State; Zip Code 14140 Southwest Frwy # 100 Sugar Land, TX 77478					\$189.87	
Purpose of payment     (See instructions regarding type of information     Campaign Manager vehicle expense, rein     personal vehicle for political/office use.      Payment for travel outside Texas (complete	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:					
10 Name of person(s) traveling on whose behalf the		I was made (attach addi	tional pages if neces	sary)		
11 Departure city / location	13 Destination city /	/ location 14 Arrival date				
15 Means of transportation		16 Purpose of trave				
4 Date 5 Payee name Nationwide Insurance (			7	Amount (\$)		
09/17/2007 6 Payee address; 6 14140 Southwest Frwy Sugar Land, TX 77478	)			\$189.87		
Purpose of payment     (See instructions regarding type of information     Expenses Campaign Truck/Vehicle Expe		9 · · Complete if dire Candidate / Officeho		efit Candida	te/Officeholder **	
Payment for travel outside Texas (complet	Office held:					
10 Name of person(s) traveling on whose behalf the		was made (attach add	itional pages if neces	sary)		
11 Departure city / location	12 Departure date	13 Destination city	location	1	4 Arrival date	
15 Means of transportation	16 Purpose of trave	16 Purpose of travel				
					V	

POLITICAL EXPENDIT	SCHEDULE F				
The Instruction Guide explains how to comp		1 PAGE# Schedule: 20/31 Report: 34/57			
2 FILER NAME Meyers, W. A. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000			
4 Date 5 Payee name No Limit Girls Baseball			7 Amount (\$)		
07/23/2007 6 Payee address; C P.O. Box 135 Katy, TX 77494	\$100.				
Purpose of payment     (See instructions regarding type of information     Donation	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought:				
Payment for travel outside Texas (complete	e boxes 10-16)	Office held:			
10 Name of person(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addit	ional pages if necess	ary)	
11 Departure city / location	13 Destination city / location 14 Arrival date				
15 Means of transportation	0	16 Purpose of travel			
4 Date   5 Payee name Office Depot   10/15/2007   6 Payee address; 11815 Wilcrest Houston, TX 77031			7 Amount (\$) \$87.66		
Purpose of payment     (See instructions regarding type of information     Campaign Office Supplies - paper, ink	9 · · Complete if direct Candidate / Officeho	ct expenditure to benefit Candidate/Officeholder ** older name:			
Payment for travel outside Texas (complete	Office sought: Office held:				
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location	13 Destination city /	/ location 14 Arrival date			
15 Means of transportation	16 Purpose of travel				
	A A A A A A A A A A A A A A A A A A A				

POLITICAL EXPENDITURES SCHEDULE F						
The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 21/31 Report: 35/57			
2 FILER NAME Meyers, W. A. (Mr.)		3 ACCOUNT # 0000	(Ethics C	ommission filers)		
4 Date 5 Payee name Pamela Printing				7	Amount (\$)	
11/19/2007 6 Payee address; City; State; Zip Code 550 Julie Rivers Dr. # 310 Sugar Land, TX 77478					\$1,430.00	
8 Purpose of payment (See instructions regarding type of information Invitations for Republican Party of Fort B Party  Payment for travel outside Texas (complete)	9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · · Candidate / Officeholder name:  Office sought: Office held:					
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)						
11 Departure city / location	1 Departure city / location 12 Departure date 13 Destination city / location				14 Arrival date	
15 Means of transportation	16 Purpose of travel					
4 Date 5 Payee name Pump It Up  11/21/2007 6 Payee address; 923 S. Mason Road Katy, TX 77450			7	Amount (\$) \$336,62		
Purpose of payment     (See instructions regarding type of information Pony League Team Party  Payment for travel outside Texas (complete)	9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · · Candidate / Officeholder name:  Office sought: Office held:					
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)						
11 Departure city / location	13 Destination city /	/ location 14 Arrival date				
15 Means of transportation	16 Purpose of travel					

exas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070			(512)463-	-5800	1-800-325-8506	
POLITI	CAL EXPENDIT	URES		,	SC	HEDULE F
The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 22/3	1 Repo	rt: 36/57
2 FILER NAME	2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT# (	Ethics Cor	mmission filers)
4 Date	4 Date 5 Payee name Raia, Terese (Mrs.)				7	Amount (\$)
10/19/2007	6 Payee address: C 1 Turnabout Cr. Sugar Land, TX 77478				\$237.02	
Purpose of payment     (See instructions regarding type of information required.)     Reimbursement of Mailout for Nov. '07 Election			9 · · Complete if direct expenditure to benefit Candidate/Officeholder  Candidate / Officeholder name:  Office sought:			
☐ Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office held:			
10 Name of perso	on(s) traveling on whose behalf the	e expenditure for travel	was made (attach addi	tional pages if necessa	ary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	estination city / location 14 Arrival date		
15 Means of transportation			16 Purpose of travel			
4 Date	4 Date 5 Payee name Republican Party of Fort Bend County				7	Amount (\$)
10/01/2007 6 Payee address; City; State; Zip Code P.O. Box 17973 Sugar Land, TX 77496						\$800.00
Purpose of payment     (See instructions regarding type of information required.)     Ad in Newsletter			9 · · Complete if direct Candidate / Officeho	ct expenditure to bene older name:	fit Candid	date/Officeholder **
				Office sought:		
Payment for travel outside Texas (complete boxes 10-16)			Office held:			
10 Name of perso	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addi	tional pages if necess	ary)	
11 Departure city / location 12 Departure date			13 Destination city /	location 14 Arrival date		14 Arrival date
15 Means of transportation			16 Purpose of trave			
		O SINK STORY	1			

exas Ethics Comr	nission P.O.Box 12070	Austin, Texas 78	3711-2070	(512)463-	5800	1-800-325-8506
POLITIO	CAL EXPENDIT	URES			SCHE	DULE F
The instruction	on Guide explains how to comp	lete this form.		1 PAGE # Schedule: 23/3	1 Report; 3	37/57
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 5 Payee name Republican Party of Fort Bend County					7 A	mount (\$)
10/22/2007 6 Payee address; City; State; Zip Code P.O. Box 17973 Sugar Land, TX 77496				\$225.00		
8 Purpose of payment (See instructions regarding type of information required.) Contribution  9 ** Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name:  Office sought: Office held:					Officeholder **	
10 Name of perso	10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city	/ location	12 Departure date	13 Destination city /	location	14	Arrival date
15 Means of trans	sportation		16 Purpose of travel			
4 Date 11/28/2007	5 Payee name Republican Party of For 6 Payee address; P.O. Box 17973 Sugar Land, TX 77496	City; State; Zip Code			7 A	\$1,250.00
8 Purpose of payment (See instructions regarding type of information required.) Filling Fee for Office  9 ** Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name:  Office sought: Office held:					Officeholder **	
10 Name of perso	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addi	tional pages if necess	ary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location	14	Arrival date
15 Means of trans	sportation		16 Purpose of trave	I		

(512)463-5800	1-800-325-8506
80	HEDUKE F

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 24/	/31 Rep	ort: 38/57
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics Co	ommission filers)
4 Date	5 Payee name Rose/Rich Chamber of Co	mmerce			7	Amount (\$)
08/14/2007	6 Payee address; City 4120 Avenue H Rosenberg, TX 77459	; State; Zip Code				\$250.00
Dues to Ros	yment ons regarding type of information receive/Rich Chamber of Commerce for travel outside Texas (complete bon(s) traveling on whose behalf the	oxes 10-16)	9 ** Complete if direct Candidate / Officeho  Office sought: Office held:	lder name:	<b></b>	date/Officeholder
11 Departure city	/ location 1	2 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	sportation		16 Purpose of travel			
4 Date	5 Payee name Sandersen, Knox & Belt	*.			7	Amount
2 mm = (275.77.)	Sanderson, raiox a son					(\$)
07/31/2007		r, State, Zip Code	· · · · · · · · · · · · · · · · · · ·			
07/31/2007  8 Purpose of pa (See instruction	6 Payee address; City 130 Industrial Blvd. #130 Sugar Land, TX 77478		9 · · Complete if direct Candidate / Officeho		efit Candi	\$243.91
07/31/2007  8 Purpose of pa (See instruction Reimburse (	6 Payee address; City 130 Industrial Blvd. # 130 Sugar Land, TX 77478  ayment ons regarding type of information re GOTV Phone Blast	quired.)	9 · · Complete if direct Candidate / Office ho		efit Candi	\$243.91
07/31/2007  8 Purpose of pa (See instruction Reimburse (	6 Payee address; City 130 Industrial Blvd. # 130 Sugar Land, TX 77478	quired.) oxes 10-16)	9 · · Complete if direct Candidate / Office hold:	older name:		\$243.9
8 Purpose of pa (See instruction Reimburse of Payment 10 Name of person	6 Payee address; City 130 Industrial Blvd. # 130 Sugar Land, TX 77478  ayment ons regarding type of information re GOTV Phone Blast  for travel outside Texas (complete bon(s) traveling on whose behalf the	quired.) oxes 10-16) expenditure for trave	9 · · Complete if direct Candidate / Office hold:  Office sought: Office held:	older name: tional pages if neces		\$243.9
07/31/2007  8 Purpose of pa (See instruction Reimburse (	6 Payee address; City 130 Industrial Blvd. # 130 Sugar Land, TX 77478  ayment ons regarding type of information re GOTV Phone Blast  for travel outside Texas (complete bon(s) traveling on whose behalf the	quired.) oxes 10-16)	9 · · Complete if direct Candidate / Office hold:	older name: tional pages if neces		\$243.9

Austin, Texas 78711-2070

1-800-325-8506

Austin, Texas 78711-2070

POLITIC	CAL EXPENDIT	URES			so	CHEDULE F
The Instruction	M Guide explains how to compl	ete this form.		1 PAGE # Schedule: 25/31 Report: 39/57		
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000		
4 Date	5 Payee name Shrine Circus Fund					Amount (\$)
11/27/2007	6 Payee address; C 2900 N. Breaswood Houston, TX	ity; State; Zip Code				\$150.00
Donation to S	ns regarding type of information in Service Organization		9 · · Complete if direct Candidate / Officeho  Office sought:		efit Cand	idate/Officeholder **
	or travel outside Texas (complete n(s) traveling on whose behalf th			ional pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	portation	0	16 Purpose of travel			
4 Date	5 Payee name Smith, Lila (Mrs.)	7.10	1		7	Amount (\$)
12/20/2007	6 Payee address; C 1809 Eldridge Sugar Land, TX 77478	City; State; Zip Code				\$75.00
	l yment ons regarding type of information ift to Office Staff Member	required.)	9 · · Complete if direct Candidate / Officeho		efit Cand	lidate/Officeholder **
			Office sought: Office held:			
	or travel outside Texas (complete on(s) traveling on whose behalf th		1	tional pages if necess	sary)	***************************************
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	sportation	1	16 Purpose of travel			L
			1			

exas Ethics Commission P.O.Box 12070	Austin, Texas 7	8711-2070	(512)463	-5800	1-800-325-8506
POLITICAL EXPENDIT	URES			sc	HEDULE F
The Instruction Guide explains how to comp	lete this form.	·	1 PAGE# Schedule: 26/3	31 Repo	rt: 40/57
2 FILER NAME Meyers, W. A. (Mr.)					nmission filers)
4 Date 5 Payee name Spirit of Freedom Reput	blican Women Club		L	7	Amount (\$)
10/01/2007 6 Payee address; C 25 Charleston N. Sugar Land, TX 77478	ity; State; Zip Code			.~	\$350.00
8 Purpose of payment (See instructions regarding type of information Sponsor Club Event	required.)	9 · · Complete if direc Candidate / Officeho	t expenditure to bene lder name:	fit Candid	ate/Officeholder **
Payment for travel outside Texas (complete	boxes 10-16)	Office held:			
10 Name of person(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addi	ional pages if necess	ary)	
11 Departure city / location	12 Departure date	13 Destination city i	location		14 Arrival date
15 Means of transportation		16 Purpose of travel			
4 Date Sprint Sprint 12/24/2007 6 Payee address; 3355 Highway 6 Sugar Land, TX 77479	City; State; Zip Code			7	Amount (\$) \$121.21
Purpose of payment (See instructions regarding type of information Campaign Cell phone expenses	required.)	9 ** Complete if direct Candidate / Officeho		efit Candid	ate/Officeholder **
Payment for travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:			
10 Name of person(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addi	tional pages if necess	sary)	
. 11 Departure city / location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation	1	16 Purpose of travel			
		1			

(512)463-5800

POLITICAL EXPENDIT	URES			S	CHEDULE F
The Instruction Guide explains how to compl	lete this form.		1 PAGE # Schedule: 27/3	31 Rep	ort: 41/57
2 FILER NAME Meyers, W. A. (Mr.)	2 FILER NAME Meyers, W. A. (Mr.)			(Ethics C	ommission filers)
4 Date 5 Payee name Sprint PCS			7	Amount (\$)	
08/01/2007 6 Payee address; City; State; Zip Code P.O. Box 660750 Dallas, TX 75266				\$138.82	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Manager Cell Phone by agreement & Campaign Cell phone  9 ** Complete if direct expenditure to benefit Candidate/Officeh Candidate / Officeholder name:  Office sought:  Office held:					idate/Officeholder **
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location	12 Departure date	13 Destination city / I	ocation		14 Arrival date
15 Means of transportation	(S)	16 Purpose of travel			
4 Date 5 Payee name Sugar Creek Country Cl 07/31/2007 6 Payee address; Cl 420 Sugar Creek Bivd Sugar Land, TX 77478	lub city; State; Zip Code			7	Amount (\$) \$178.66
8 Purpose of payment (See instructions regarding type of information County Club used exclusively for campaig during period  Payment for travel cutside Texas (complete	Candidate / Officehol Office sought: Office held:	ider name:		idate/Officeholder **	
10 Name of person(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	
11 Departure city / location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation		16 Purpose of travel			

POLITICAL EXPENDITURES					SC	CHEDULE F
The Instruction	ж Guide explains how to comp	lete this form.		1 PAGE# Schedule: 28/3	31 Repo	ort: 42/57
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date	5 Payee name Sugar Creek Garden Clu			7	Amount (\$)	
10/26/2007 6 Payee address; City; State; Zip Code 420 Sugar Creek Blvd. Sugar Land, TX 77478				\$100.00		
8 Purpose of payment (See instructions regarding type of information required.) Donation  9 ** Complete if direct expenditure to benefit Candidate/Officeholder name:  Candidate / Officeholder name:  Office sought:  Office held:				date/Officeholder **		
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location	14 Arrival date	
15 Means of trans	portation	Q	16 Purpose of travel			
4 Date 09/19/2007	5 Payee name Sugar Land Cultural For 6 Payee address; C P.O. Box 110 Sugar Land, TX 77487	city; State; Zip Code			7	Amount (\$) \$250.00
8 Purpose of payment (See instructions regarding type of information required.) Donation to Cultural Arts Center  □ Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:			date/Officeholder **
10 Name of perso	on(s) traveling on whose behalf the	e expenditure for travel	was made (attach addi	tional pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	sportation	L	16 Purpose of travel			

(512)463-5800

POLITICAL EXPENDITURES SCHEDULE F						
The Instruction	אס Guide explains how to comp	lete this form.		1 PAGE # Schedule: 29/3	31 Rep	ort: 43/57
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	ommission filers)
4 Date 5 Payee name Sugar Land Rotary					7	Amount (\$)
07/23/2007	6 Payee address; C 4400 Palm Royale Drive Sugar Land, TX 77479				\$500.00	
(See instructions regarding type of information required.)  Donation Rotary Foundation  Office			9 ** Complete if direct Candidate / Officeho  Office sought:	t expenditure to bene ider name:	l efit Cand	idate/Officeholder **
Payment for travel outside Texas (complete boxes 10-16)  Office held:  Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)						
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	sportation	<b>Q</b>	16 Purpose of travel			
4 Date 09/04/2007	5 Payee name Sugar Land Rotary 6 Payee address; 0 4400 Palm Royale Drive Sugar Land, TX 77479	City; State; Zip Code			7	Amount (\$) \$1,000.00
Donation Ro	Juyment ons regarding type of information stary Foundation for travel outside Texas (complete	9 ** Complete if direct Candidate / Officehold Office sought: Office held:		efit Cand	didate/Officeholder **	
10 Name of perso	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addi	tional pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	sportation		16 Purpose of travel	l		L.,

P.O.Box 12070

POLITICAL EXPENDITURES SCHEDULE F					
The INSTRUCTION GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 30/3	31 Repo	ort: 44/57
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 5 Payee name Sugar Land Rotary					Amount (\$)
	6 Payee address; City; State; Zip Code  4400 Palm Royale Drive				\$500.00
8 Purpose of payment (See instructions regarding type of information required.) Donation Rotary Foundation  9 ** Complete if direct expenditure to benefit Candidate/Officeh Candidate / Officeholder name:  Office sought:  Office held:					date/Officeholder **
10 Name of person(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	ary)	
11 Departure city / location	12 Departure date	13 Destination city /	location	14 Arrival date	
15 Means of transportation	Q	16 Purpose of travel			
4 Date 5 Payee name Todd Fontenot Campaign 07/21/2007 6 Payee address; 1923 Sam Houston Liberty, TX 77575	gn City; State; Zip Code			7	Amount (\$) \$150.00
8 Purpose of payment (See instructions regarding type of information required.) Contribution  9 ** Complete if direct expenditure to benefit Candidate/Officeholde Candidate / Officeholder name:  Office sought: Office held:					date/Officeholder **
10 Name of person(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addi	tional pages if necess	ary)	
11 Departure city / location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation	L	16 Purpose of travel			

POLITICAL EXPENDITURES				(512)403		CHEDULE F
The Instruction	ow Guide explains how to comp	lete this form.		1 PAGE # Schedule: 31/3	31 Rep	ort: 45/57
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date	Date				7	Amount (\$)
10/26/2007 6 Payee address; City; State; Zip Code 423 Longivew Dr. Sugar Land, TX 77478						\$500.00
8 Purpose of payment (See instructions regarding type of information required.) Reimburse C/OH persoanl expenditures for campaign/office exp. reported on current/prior Sch. G's  Payment for travel outside Texas (complete boxes 10-16)			Office sought:		eiit Cand	idate/Officeholder
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					,	
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	sportation	0	16 Purpose of travel			les receive es
4 Date 09/18/2007	5 Payee name W. A. Meyers (Campaig  6 Payee address; 423 Longview Dr. Sugar Land, TX 77478	City; State; Zip Code			7	Amount (\$) \$1,000.00
8 Purpose of payment (See instructions regarding type of information required.) Reimburse C/OH personal expenditures for campaign/office exp. reported on current/prior Sch G's  Payment for travel outside Texas (complete boxes 10-16)			9 · Complete if direct Candidate / Officehold Office sought: Office held:	ct expenditure to bene older name:	Efit Cand	idate/Officeholder **
10 Name of perso	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addi	tional pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	sportation	1	16 Purpose of trave	1		L

Texas Ethics Con	mission P.O.Box 12070	Austin, Texas 7	8711-2070	(512)463	-5800	1-800-325-8506	
POLITI MADE	CAL EXPENDIT FROM PERSON	URES IAL FUNDS			so	CHEDULE G	
The MSTRUCTE	он Guide explains how to comp	lete this form.		1 PAGE# Schedule: 1/1	1 Repor	t; 46/57	
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	(Ethics Commission filers)	
4 Date	5 Payee name Bronseil, Mandi (Mrs.)				7	Amount (\$)	
10/02/2007	6 Payee address; C 2402 Standing Oak Ln. Richmond, TX 77469	city; State; Zip Code			X polit	\$26.00 inbursement from ical contributions ided	
Reimbursen	penditure ons regarding type of information nent of Auction Item for Charit for travel outside Texas (complete	y Event		XX.	9		
9 Name of person	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addi	tional pages if necess	sary)		
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date	
14 Means of tran	sportation	<b>Q</b>	15 Purpose of travel				
4 Date 08/11/2007	5 Payee name Cantrell, Commissioner  6 Payee address; 411 Elm Street	Mike City; State; Zip Code			7	Amount (\$) \$100.00	
	Dallas, TX 75202				X polit	nbursement from ical contributions nded	
Contribution	ons regarding type of information to CUC Austin Event						
9 Name of pers	on(s) traveling on whose behalf the	he expenditure for travel	was made (attach add	tional pages if neces	sary)		
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date	
14 Means of tran	sportation	1	15 Purpose of trave	I			
			Action to the second se				

Austin, Texas 78711-2070

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

WIT COL	1101111					
The Instruction	איק Guide explains how to compl	ete this form.		1 PAGE # Schedule: 2/1	1 Repo	rt: 47/57
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	ommission filers)
4 Date	5 Payee name Extended Stay				7	Amount (\$)
09/04/2007	6 Payee address; C 5903 Woodway Dr. Waco, TX 76712	ity; State; Zip Code			X poli	\$146.88 mbursement from tical contributions nded
Attend Texa	ons regarding type of information is Republican Party Straw Voti	Э		× cC		
	on(s) traveling on whose behalf the		was made (attach addi	tional pages if necess	sary)	
			(\frac{1}{2})			
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of trans	sportation	0	15 Purpose of travel			
4 Date	5 Payee name Godaddy.com	-101			7	Amount (\$)
08/21/2007	6 Payee address; C 14455 N. Hayden Road Scottsdale, AZ 85260	City; State; Zip Code # 219			X poli	\$55.06  mbursement from tical contributions ended
Register We	ons regarding type of information beb Site Domain Name					
9 Name of pers	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addi	tional pages if necess	sary)	
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of tran	sportation		15 Purpose of trave			
			Reserved to the second			

#### 1-800-325-8506 Austin, Texas 78711-2070 (512)463-5800 Texas Ethics Commission P.O.Box 12070 POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE G 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 3/11 Report: 48/57 2 FILER NAME Meyers, W. A. (Mr.) 3 ACCOUNT # (Ethics Commission filers) 0000 Date Payee name Amount Harris County Toll Road Authority (\$) 07/16/2007 \$40.00 City; State; Zip Code 6 Payee address; 330 Meadowfem Reimbursement from Houston, TX 77067 political contributions intended 8 Purpose of expenditure (See instructions regarding type of information required.) Toll Charges for Campaign/office purposes Payment for travel outside Texas (complete boxes 9-15) 9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure date 10 Departure city / location 12 Destination city / location 13 Arrival date 14 Means of transportation 15 Purpose of travel Date Payee name Amount Harris County Toll Road Authority (\$) \$40.00 08/13/2007 6 Payee address; City; State; Zip Code 330 Meadowfem Reimbursement from Houston, TX 77067 X political contributions

8	Purpose of expenditure
	(See instructions regarding type of information required.)
	Toll Charges for Campaign/office purposes

-	-									
1	- 1	Payment	for	travel	outside	Texas	(complete	boxes	9-15	ì

Name of person(s) traveling on whose	behalf the expenditure for travel was made	(attach additional pages if necessary)
--------------------------------------	--	--

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
14 Means of transportation		15 Purpose of travel	

Electronic Filing Version

intended

#### SCHEDULE G

(512)463-5800

					3		
	The Instruction	N GUIDE explains how to comple	ete this form.		1 PAGE# Schedule: 4/11	1 Repo	rt: 49/57
2	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	ommission filers)
4	Date	5 Payee name Harris County Toll Road	Authority			7	Amount (\$)
	08/28/2007		ty; State; Zip Code				\$40.00
	Notation, 1277ee					X polit	mbursement from tical contributions nded
8	(See instruction Toil Charges	penditure  ns regarding type of information r  for Campaign/office purposes  or travel outside Texas (complete	5		**/ 'CC		
9	Name of perso	n(s) traveling on whose behalf the	e expenditure for travel v	vas made (attach addit	cional pages if necess	sary)	
10	Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14	4 Means of trans	portation		15 Purpose of travel			
4	Date	5 Payee name Harris County Toll Road	Authority			7	Amount (\$)
	09/19/2007	6 Payee address; C 330 Meadowfern Houston, TX 77067	State; Zip Code			X poli	\$40.00 mbursement from tical contributions nded
8	(See instruction Toll Charges	penditure ons regarding type of information of for Campaign/office purpose or travel outside Texas (complete	s				
9	Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addi	tional pages if necess	sary)	
1	O Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
1	4 Means of trans	sportation		15 Purpose of trave	ı		

POLITICAL EXPENDITE MADE FROM PERSON	URES AL FUNDS		(512)463		HEDULE G
The Instruction Guide explains how to comple	ete this form.		1 PAGE# Schedule: 5/1	1 Report	t: 50/57
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics Co	ommission filers)
4 Date 5 Payee name Harris County Toll Road	Authority			7	Amount (\$)
10/02/2007 6 Payee address; Ci 330 Meadowfern Houston, TX 77067	ty; State; Zip Code	***************			\$40.00 abursement from cal contributions ided
Purpose of expenditure     (See instructions regarding type of information r     Toll Charges for Campaign/office purposes	S		X C	9	
Payment for travel outside Texas (complete     Name of person(s) traveling on whose behalf the	Paker and a second process of the second	was made (attach addit	ional pages if necess	sary)	
10 Departure city / location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of transportation		15 Purpose of travel			
4 Date 5 Payee name Harris County Toll Road 11/17/2007 6 Payee address; C 330 Meadowfern Houston, TX 77067	Authority ity; State; Zip Code			X politi	Amount (\$) \$40.00  abursement from cal contributions addd
8 Purpose of expenditure (See instructions regarding type of information of Toll Charges for Campaign/office purpose.  □ Payment for travel outside Texas (complete 9 Name of person(s) traveling on whose behalf the	s boxes 9-15)	was made (attach addi	tional pages if neces	sary)	
10 Departure city / location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of transportation		15 Purpose of travel		1	

Electronic Filling Version

_			-		E	~
6	ሮኑ	41-	n	111	-	13
	•	11-	_	_	-	-

	The Instruction	Guide explains how to comple	ete this form.		1 PAGE # Schedule: 6/1	1 Repo	rt: 51/57	
2	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	Commission filers)	
4	Date 5 Payee name Harris County Toll Road Authority					7	Amount (\$)	
	12/03/2007	330 Meadowfern	ity; State; Zip Code		******		\$40.00	
		Houston, TX 77067				X poli	mbursement from tical contributions nded	
8		enditure is regarding type of information r for Campaign/office purposes			, c			
	Payment fo	r travel outside Texas (complete	boxes 9-15)					
9	Name of persor	n(s) traveling on whose behalf the	e expenditure for travel	was made (attach addit	ional pages if necess	sary)		
10	Departure city /	location	11 Departure date	12 Destination city /	ocation		13 Arrival date	
14	Means of transp	portation	14 Means of transportation 15 Purpose of travel					
4	Date	5 Payee name Harris County Toll Road	Authority			7	Amount (\$)	
	Date 12/30/2007	Harris County Toll Road	Authority			X poli		
	12/30/2007  Purpose of exp (See instruction Toll Charges	6 Payee address; C 330 Meadowfern Houston, TX 77067	ity; State; Zip Code required.)	• • • • • • • • • • • • • • • • • • • •		X poli	\$40.00 mbursement from itical contributions	
	12/30/2007  Purpose of exp (See instruction Toll Charges	Harris County Toll Road  6 Payee address; C 330 Meadowfern Houston, TX 77067  Denditure his regarding type of information of the company of the company of the company of the county of	required.)	was made (attach addi	ional pages if neces	X poli inte	\$40.00 mbursement from itical contributions	
8	12/30/2007  Purpose of exp (See instruction Toll Charges	Harris County Toll Road  6 Payee address; C 330 Meadowfern Houston, TX 77067  Denditure has regarding type of information of for Campaign/office purpose or travel outside Texas (complete	required.)	was made (attach addi		X poli inte	\$40.00 mbursement from itical contributions	
9	Purpose of exp (See instruction Toll Charges	Harris County Toll Road  6 Payee address; C 330 Meadowfern Houston, TX 77067  Denditure Ins regarding type of information of the compaign of the purpose of travel outside Texas (complete of the compaign on whose behalf the contraction of the compaign of the complete of the compaign on whose behalf the contraction of the compaign of the complete of the complete of the compaign of the complete of	required.) s boxes 9-15) e expenditure for travel		location	X poli inte	\$40.00 mbursement from titical contributions ended	

1-800-325-8506

Austin, Texas 78711-2070

	POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					SC	CHEDULE G
	The Instruction	N GUIDE explains how to compl	ete this form.		1 PAGE# Schedule: 7/1	1 Repor	t: 52/57
2	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics Co	ommission filers)
4	Date	5 Payee name Katy ISD FFA				7	Amount (\$)
	10/07/2007	6 Payee address; C 6301 South Stadium Lar Katy, TX 77494	ity; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		X polit	\$75.00 inbursement from ical contributions inded
8	Donation	penditure ns regarding type of information r or travel outside Texas (complete			XX.C		
9	Name of perso	n(s) traveling on whose behalf the	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	
10	Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14	Means of trans	sportation	0	15 Purpose of travel			
4	Date 09/05/2007	5 Payee name Kettle Country Cafe 6 Payee address; C 5800 Woodway Dr. Waco, TX 76712	ity; State; Zip Code			X polit	Amount (\$) \$84.40  mbursement from ical contributions anded
8	Attend Texas	penditure ons regarding type of information s Republican Party Straw Vote or travel outside Texas (complete			-		
9	Name of person	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addi	tional pages if neces	sary)	
10	Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14	Means of trans	sportation	1	15 Purpose of trave			
	ng casalog discreti hanni a ang no dhi na a an		anne ann a chairte ann ann ann an Aire ann an Aire ann an Aire ann an Aire ann ann ann ann ann ann ann ann ann	o direction construction and control and c			et met Miller Miller mins en en er som som som en

Electronic Filing Version

P.O.Box 12070

#### SCHEDULE G

	The Instruction	N Guide explains how to comple	ete this form.		1 PAGE # Schedule: 8/11	Repor	t: 53/57
2	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	ommission filers)
4	Date	5 Payee name Mountain Star Lodge				7	Amount (\$)
	08/15/2007	6 Payee address; C 3573 RR 620 Austin, TX 78738	ity; State; Zip Code			X polit	\$157.94 mbursement from ical contributions inded
8	(See instruction	penditure ns regarding type of information or or CUC Event	required.)		CC		
		or travel outside Texas (complete					
9	Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	0		sary)	
10	Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14	4 Means of trans	sportation		15 Purpose of travel			
4	Date	5 Payee name Renaissance Hotel Fort	Worth			7	Amount (\$)
	09/04/2007	6 Payee address; C 200 Main Street Fort Worth, TX 76102	city; State; Zip Code			X poli	\$156.34 mbursement from tical contributions inded
8	(See instruction Attend Texas	penditure ons regarding type of information s Republican Party Straw Vot for travel outside Texas (complete	e				
9	Name of perso	on(s) traveling on whose behalf the	e expenditure for travel	was made (attach addi	tional pages if necess	sary)	
1	O Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
1	4 Means of trans	sportation		15 Purpose of trave			L

POLITICAL	EXPENDITURES
MADE FRO	M PERSONAL FUNDS

#### SCHEDULE G

		Trom Litera					
	The Instruction	ом Guioe explains how to compl	ete this form.		1 PAGE # Schedule: 10/	11 Rep	ort: 55/57
2	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	Commission filers)
4	Date	5 Payee name Sugar Land Rotary	the second second	<del>over the second of the second</del>		7	Amount (\$)
	10/31/2007	6 Payee address; C	ity; State; Zip Code		*********		\$15.00
		Sugar Land, TX 77479	,			X poli	mbursement from tical contributions nded
8		ns regarding type of information	required.)		. G		
	Payment for	or travel outside Texas (complete	boxes 9-15)				
9	Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	
10	Departure city	/ location	11 Departure date	12 Destination city /	ocation		13 Arrival date
14	Means of trans	portation		15 Purpose of travel			
4	Date	5 Payee name Windstream Telephone				7	Amount (\$)
	07/27/2007	1	Sity; State; Zip Code				\$72.37
		8306 Hwy 90A Sugar Land, TX 77478				X poli	mbursement from tical contributions nded
8		ns regarding type of information	required.)				
	Payment for	or travel outside Texas (complete	boxes 9-15)				
9	Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	
10	Departure city	/ location	11 Departure date	12 Destination city /	ocation		13 Arrival date
14	Means of trans	sportation		15 Purpose of travel			

The Instruction Guide explains how to complete this form.  1 PAGE # Schedule: 9					11 Report: 54/57	
2 FILER NAME Meyers, W. A. (Mr.)				3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date	5 Payee name Republican Party of Texa	as			7 Amount (\$)	
08/13/2007	6 Payee address; Ci	ty; State; Zip Code				\$250.00
	900 Congress Avenue # Austin, TX	300				abursement from cal contributions ded
Registration f	enditure ns regarding type of information r for Texas Republican Party Si or travel outside Texas (complete	traw Vote		× 00		
	n(s) traveling on whose behalf the		was made (attach additi	ional pages if necess	sary)	
			(0)			
10 Departure city /	Departure city / location 11 Departure date 12 Destination city / location			13 Arrival date		
14 Means of trans	portation		15 Purpose of travel			
4 Date	5 Payee name Sprint PCS	-(0)			7	Amount (\$)
07/24/2007 6 Payee address; City; State; Zip Code P.O. Box 660750 Dallas, TX 75266					\$46.29  Reimbursement from political contributions intended	
Campaign M	penditure ns regarding type of information anager Cell Phone by agreen or travel outside Texas (complete	nent & Campaign Cel	l phone			
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if neces	sary)	
10 Departure city / location 11 Departure date			12 Destination city /	//location		13 Arrival date
14 Means of trans	sportation	15 Purpose of travel				

P.O.Box 12070

#### SCHEDULE G

WADE PROW PERSONAL FONDS						
The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 11/11 Report: 56/57		
2 FILER NAME Meye	ers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	commission filers)
4 Date 5 Pa	iyee name indstream Telephone				7	Amount (\$)
83	yee address; C 906 Hwy 90A ugar Land, TX 77478	ty; State; Zip Code		*************	X poli	\$40.99 mbursement from tical contributions nded
Campaign phone	e ding type of information of outside Texas (complete			Y. C.		
9 Name of person(s) trav	reling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	·
10 Departure city / location	n	11 Departure date	12 Destination city / location			13 Arrival date
14 Means of transportation	n	0	15 Purpose of travel			
4 Date 5 Pa	ayee name findstream Telephone	. 0			7	Amount (\$)
11/20/2007 6 Payee address; City; State; Zip Code 8306 Hwy 90A Sugar Land, TX 77478				\$45.  Reimbursement from political contributions intended		tical contributions
Campaign phone	e rding type of information outside Texas (complete					
9 Name of person(s) tra	veling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	
10 Departure city / location 11 Departure da		11 Departure date	12 Destination city /	stination city / location		13 Arrival date
14 Means of transportation	n	fa and a second which the second	15 Purpose of travel			

Electronic Filling Version

### **CREDITS** (optional)

#### SCHEDULE K

The Instruction Guide explains how to complete this form.  1 PAGE # Schedule:			/1 Report: 57/57	
2 FILER NAME	3 ACCOUNT# 0000	# (Ethics Commission filers)		
4 Date	5 Payor name Campaign Solutions LLC		8 Amount (\$)	
12/17/2007	6 Payor address; City; State; Zip Code 7222 Bellerive # 2505 Houston, TX 77036	\$1,940.67		
	7 Reason for credit Refund Campaign Manager, Cell Phone, Vehcile Expenses, & Campaign/Political expenses.	Miscel		
Date	Payor name Republican Party of Fort Bend County	X	Amount (\$)	
11/19/2007	Payor address; City; State; Zip Code P.O. Box 17973 Sugar Land, TX 77496	\$800.00		
	Reason for credit Refund Political Ad Expenditure			