

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
0000

2 PAGE #
1 of 57

**3 CANDIDATE /
OFFICEHOLDER
NAME**

 MS / MRS / MR FIRST MI
 Mr. W. A.
 NICKNAME LAST SUFFIX
 Andy Meyers
OFFICE USE ONLY

Date Received

Elections Office

JAN 15 2008

Ft Bend County

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 423 Longview Drive
 Sugar Land, TX 77478

☐ Change of Address

**5 CAMPAIGN
TREASURER
NAME**

 MS / MRS / MR FIRST MI
 Mr. Michael
 NICKNAME LAST SUFFIX
 Meyers

**6 CAMPAIGN
TREASURER
ADDRESS**
(Residence or business)

 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 423 Longview Drive
 Sugar Land, TX 77478

**7 CAMPAIGN
TREASURER
PHONE**

AREA CODE PHONE NUMBER EXTENSION

8 REPORT TYPE
☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

**9 PERIOD
COVERED**

 Month Day Year THROUGH Month Day Year
 07/01/2007 12/30/2007
10 ELECTION
 ELECTION DATE ELECTION TYPE
 Month Day Year ☒ Primary ☐ Runoff ☐ General ☐ Special
 04/04/2008
11 OFFICE
 OFFICE HELD (if any)
 County Commissioner Pct. 3

12 OFFICE SOUGHT (if known)
 County Commissioner Pct. 3

**13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS**

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages
GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Meyers, W. A. (Mr.)

15 ACCOUNT # (Ethics Commission filers)
0000

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

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

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 38,572.93

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

W. A. Meyers
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said W. A. Meyers, this the 15th day of January, 2008, to certify which, witness my hand and seal of office.

Delynn Kay Davis
Signature of officer administering oath

Delynn Kay Davis
Print name of officer administering oath

Notary Public
Title of officer administering oath

Electronic Filing Version

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/12 Report: 3/57	
2 FILER NAME Meyers, W. A. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 10/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Aguirre, Oscar (Mr.) 6 Contributor address; City; State; Zip Code 4800 Sugar Grove # 600 Stafford, TX 77477	7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> 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 transportation		18 Purpose of travel	
4 Date 08/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allen, Boone & Humperies 6 Contributor address; City; State; Zip Code 3200 SW Freeway # 2600 Houston, TX 77027	7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> 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 transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/12 Report: 4/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date

08/09/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Arcadis G&M, Inc Texas PAC6 Contributor address; City; State; Zip Code
11490 Westheimer # 600
Houston, TX 770777 Amount of
contribution (\$)

\$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 transportation

18 Purpose of travel

4 Date

12/30/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Beckendorf, Malcolm (Mr.)6 Contributor address; City; State; Zip Code
5072 Mockingbird, Ln.
Katy, TX 774937 Amount of
contribution (\$)

\$112.50

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)

Fundraisers Expenditures - Postage, other

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 transportation

18 Purpose of travel

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/12 Report: 5/57	
2 FILER NAME Meyers, W. A. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 07/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Boberts, Jim & Betul 6 Contributor address; City; State; Zip Code 10015 Sable Meadow Ct. Houston, TX 77064	7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> 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 transportation		18 Purpose of travel	
4 Date 07/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cannon, Jeff (Mr.) 6 Contributor address; City; State; Zip Code 11767 Katy Freeway # 370 Houston, TX 77079	7 Amount of contribution (\$) \$2,000.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> 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 transportation		18 Purpose of travel	

Electronic Filing Version

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/12 Report: 6/57	
2 FILER NAME Meyers, W. A. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 07/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cartwright, James & Miriam 6 Contributor address; City; State; Zip Code 15914 Pebble Creek Trail Cypress, TX 77433	7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> 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 transportation		18 Purpose of travel	
4 Date 10/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Costello, Stephen 6 Contributor address; City; State; Zip Code 2211 McDuffie Houston, TX 77019	7 Amount of contribution (\$) \$2,000.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> 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 transportation		18 Purpose of travel	

Electronic Filing Version

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/12 Report: 7/57	
2 FILER NAME Meyers, W. A. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 07/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dore, Melisa (Ms.) 6 Contributor address; City; State; Zip Code 11811 Moss Branch Rd. Houston, TX 77043	7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> 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 transportation		18 Purpose of travel	
4 Date 11/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lin, Dawn (Ms.) 6 Contributor address; City; State; Zip Code 13935 Hidden Lake Ln. Sugar Land, TX 77478	7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> 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 transportation		18 Purpose of travel	

Electronic Filing Version

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/12 Report: 8/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date

07/16/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Lippke, Patricia C.

6 Contributor address; City; State; Zip Code
19 Flamingo
Rockport, TX 78382

7 Amount of
contribution (\$)

\$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 transportation

18 Purpose of travel

4 Date

07/23/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Lippke, Patricia C.

6 Contributor address; City; State; Zip Code
19 Flamingo
Rockport, TX 78382

7 Amount of
contribution (\$)

\$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 transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 7/12 Report: 9/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 08/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Miller, Jack	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 12121 Wickchester Lane #200 Houston, TX 77079		

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 transportation

18 Purpose of travel

4 Date 08/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perdue Brandon Fielder Collins LLP	7 Amount of contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code 1235 North Loop W. #500 Houston, TX 77008		

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 transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 8/12 Report: 10/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 08/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry, Bob 6 Contributor address; City; State; Zip Code PO Box 34153 Houston, TX 77234	7 Amount of contribution (\$) \$1,000.00
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8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10 In-kind contribution <input type="checkbox"/> 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 transportation		18 Purpose of travel	

4 Date 08/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry, Doyleene (Mrs.) 6 Contributor address; City; State; Zip Code 18630 Barbuda Houston, TX 77058	7 Amount of contribution (\$) \$1,000.00
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8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10 In-kind contribution <input type="checkbox"/> 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 transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/12 Report: 11/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date

08/09/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Perry, Will (Mr.)

6 Contributor address; City; State; Zip Code
15 Stgeve Fuqua Place
Missouri City, TX 77459

7 Amount of
contribution (\$)

\$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 transportation

18 Purpose of travel

4 Date

07/23/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Raba-Kistner PAC

6 Contributor address; City; State; Zip Code
P.O. Box 690287
San Antonio, TX 78269

7 Amount of
contribution (\$)

\$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 transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 10/12 Report: 12/57	
2 FILER NAME Meyers, W. A. (Mr.)				3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 07/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ratnala, Balwanthrao (Mr.)			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code 18815 Windsor Lakes Dr. Houston, TX 77094					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> 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 transportation		18 Purpose of travel			
4 Date 12/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rhoads, Orval (Mr.)			7 Amount of contribution (\$) \$246.50	
6 Contributor address; City; State; Zip Code 3606 Pitts Rd Katy, TX 77493					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> 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) Fundraisers Expenditures - postage, miscellaneous		
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 transportation		18 Purpose of travel			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 11/12 Report: 13/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 08/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sadeghpour, David (Mr.)	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 701 Shephard # 200 Houston, TX 77007		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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10 In-kind contribution <input type="checkbox"/> 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 transportation	18 Purpose of travel
----------------------------	----------------------

4 Date 12/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sass, Walt	7 Amount of contribution (\$) \$480.50
6 Contributor address; City; State; Zip Code 2707 Autumn Lake Katy, TX 77450		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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10 In-kind contribution <input type="checkbox"/> 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) Fundraisers Expenditures, postage, invitations, office expense/supplies & other
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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
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17 Means of transportation	18 Purpose of travel
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete 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

08/09/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Wilcox, Thomas (Mr.)6 Contributor address; City; State; Zip Code
4903 Water Point
Missouri City, TX 774597 Amount of
contribution (\$)

\$500.00

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 transportation

18 Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete 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 09/14/2007	5 Payee name A. J. Dorr Campaign 6 Payee address; City; State; Zip Code 13203 Colony Road Needville, TX 77461	7 Amount (\$) \$325.00
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8 Purpose of payment (See instructions regarding type of information required.) Contribution <input type="checkbox"/> 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:
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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
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4 Date 09/14/2007	5 Payee name A. J. Dorr Campaign 6 Payee address; City; State; Zip Code 13203 Colony Road Needville, TX 77461	7 Amount (\$) \$250.00
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8 Purpose of payment (See instructions regarding type of information required.) Contribution <input type="checkbox"/> 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:
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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
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15 Means of transportation	16 Purpose of travel
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POLITICAL EXPENDITURES**SCHEDULE F**The ~~INSTRUCTION~~ GUIDE explains how to complete this form.1 PAGE #
Schedule: 2/31 Report: 16/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date

10/01/2007

5 Payee name
Boy Scout Troop 5846 Payee address; City; State; Zip Code
21902 Suntree
Katy, TX 774507 Amount
(\$)

\$306.78

8 Purpose of payment
(See instructions regarding type of information required.)
Donation to Boy Scouts☐ 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 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

10/22/2007

5 Payee name
Bronsell, Mandi (Mrs.)6 Payee address; City; State; Zip Code
2402 Standing Oak Ln.
Richmond, TX 774697 Amount
(\$)

\$42.00

8 Purpose of payment
(See instructions regarding type of information required.)
Reimbursement of Auction Item for Political Event☐ 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 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

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 3/31 Report: 17/57**2** FILER NAME Meyers, W. A. (Mr.)**3** ACCOUNT # (Ethics Commission filers)
0000**4** Date

11/26/2007

5 Payee name
Bronsell, Mandi (Mrs.)**6** Payee address; City; State; Zip Code
2402 Standing Oak Ln.
Richmond, TX 77469**7** Amount
(\$)

\$150.00

8 Purpose of payment
(See instructions regarding type of information required.)
Reimbursement of Auction Item for Political/Charity Events☐ 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 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

12/20/2007

5 Payee name
Bronsell, Mandi (Mrs.)**6** Payee address; City; State; Zip Code
2402 Standing Oak Ln.
Richmond, TX 77469**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(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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/31 Report: 18/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 09/18/2007	5 Payee name Campaign Solutions LLC	7 Amount (\$) \$2,500.00
6 Payee address; City; State; Zip Code 7222 Bellerive # 2505 Houston, 77036		

8 Purpose of payment
(See instructions regarding type of information required.)
Campaign Services Fee/Expenses9 ** 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) 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 09/18/2007	5 Payee name Campaign Solutions LLC	7 Amount (\$) \$1,500.00
6 Payee address; City; State; Zip Code 7222 Bellerive # 2505 Houston, TX 77036		

8 Purpose of payment
(See instructions regarding type of information required.)
Campaign Expenses - Vehicle, Phone, office,
miscellaneous9 ** 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) 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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete 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 10/26/2007	5 Payee name Campaign Solutions LLC 6 Payee address; City; State; Zip Code 7222 Bellerive # 2505 Houston, TX 77036	7 Amount (\$) \$500.00
---------------------------------	--	--------------------------------------

8 Purpose of payment (See instructions regarding type of information required.) Campaign Services Fee/Expenses <input type="checkbox"/> 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:
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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 11/11/2007	5 Payee name Campaign Solutions LLC 6 Payee address; City; State; Zip Code 7222 Bellerive # 2505 Houston, TX 77036	7 Amount (\$) \$2,000.00
---------------------------------	--	--

8 Purpose of payment (See instructions regarding type of information required.) Campaign Services/Expenses - vehicle, phone, supplies, entertainment, miscellaneous <input type="checkbox"/> 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 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	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/31 Report: 20/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date

10/25/2007

5 Payee name

City of Meadows Place

7 Amount

(\$)

\$150.00

6 Payee address; City; State; Zip Code

One Trojan Drive
Meadows Place, TX 774778 Purpose of payment
(See instructions regarding type of information required.)
City Golf Tournament Ad9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

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

4 Date

07/30/2007

5 Payee name

Comcast

7 Amount

(\$)

\$33.65

6 Payee address; City; State; Zip Code

8590 W. Tidwell Rd
Houston, TX 770408 Purpose of payment
(See instructions regarding type of information required.)
Campaign Web Site9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 7/31 Report: 21/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 08/28/2007	5 Payee name Comcast	7 Amount (\$) \$55.26
6 Payee address; City; State; Zip Code 8590 W. Tidwell Rd Houston, TX 77040		

8 Purpose of payment
(See instructions regarding type of information required.)
Campaign Web Site

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) 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
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15 Means of transportation	16 Purpose of travel
----------------------------	----------------------

4 Date 09/28/2007	5 Payee name Comcast	7 Amount (\$) \$55.26
6 Payee address; City; State; Zip Code 8590 W. Tidwell Rd Houston, TX 77040		

8 Purpose of payment
(See instructions regarding type of information required.)
Campaign Web Site

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) 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
----------------------------	----------------------

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 8/31 Report: 22/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date

10/29/2007

5 Payee name
Comcast

6 Payee address; City; State; Zip Code

8590 W. Tidwell Rd
Houston, TX 770407 Amount
(\$)

\$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 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

11/28/2007

5 Payee name
Comcast

6 Payee address; City; State; Zip Code

8590 W. Tidwell Rd
Houston, TX 770407 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:

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/31 Report: 23/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 12/28/2007	5 Payee name Comcast 6 Payee address; City; State; Zip Code 8590 W. Tidwell Rd Houston, TX 77040	7 Amount (\$) \$60.67
--------------------------	--	---------------------------------

8 Purpose of payment
(See instructions regarding type of information required.)
Campaign Web Site9 ** 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) 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 12/20/2007	5 Payee name Davis, Delynn 6 Payee address; City; State; Zip Code 1809 Eldridge Sugar Land, TX 77478	7 Amount (\$) \$75.00
--------------------------	--	---------------------------------

8 Purpose of payment
(See instructions regarding type of information required.)
Christmas Gift to Office Staff Member9 ** 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) 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	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 10/31 Report: 24/57	
2 FILER NAME Meyers, W. A. (Mr.)				3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 10/09/2007	5 Payee name Dean Hrbacek & Associates 6 Payee address; City; State; Zip Code 130 Industrial Blvd. # 120 Sugar Land, TX 77478			7 Amount (\$) \$4,117.82	
8 Purpose of payment (See instructions regarding type of information required.) Legal services to Campaign <input type="checkbox"/> 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 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 09/27/2007	5 Payee name Dean Hrbacek for Congress 6 Payee address; City; State; Zip Code 130 Industrial Blvd. # 120 Sugar Land, TX 77478			7 Amount (\$) \$1,200.00	
8 Purpose of payment (See instructions regarding type of information required.) Contribution <input type="checkbox"/> 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 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		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete 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 10/01/2007	5 Payee name Exchange Club of Fort Bend 6 Payee address; City; State; Zip Code 4800 Sugar Grove Blvd.#100 Stafford, TX 77477	7 Amount (\$) \$300.00	
8 Purpose of payment (See instructions regarding type of information required.) Donation to local Service Club <input type="checkbox"/> 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 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 08/13/2007	5 Payee name Exxon/Mobil Oil 6 Payee address; City; State; Zip Code P.O. Box 768911 Roswell, GA 30078-8911	7 Amount (\$) \$220.00	
8 Purpose of payment (See instructions regarding type of information required.) Expenses - Campaign Manager vehicle & other for services per agreement. <input type="checkbox"/> 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 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	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 12/31 Report: 26/57

2 FILER NAME Meyers, W. A. (Mr.)**3 ACCOUNT #** (Ethics Commission filers)

0000

4 Date

11/21/2007

5 Payee name

Faulkner, Tammy (Mrs.)

7

Amount

(\$)

\$70.00

6 Payee address; City; State; Zip Code2318 Osprey Park
Katy, TX 77494**8**

Purpose of payment

(See instructions regarding type of information required.)

Reimbursement for Pony League Team Party Expenses

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

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**4 Date**

11/27/2007

5 Payee name

Fort Bend Buyers Group

7

Amount

(\$)

\$100.00

6 Payee address; City; State; Zip CodeP.O. Box 428
Rosenberg, TX 77471**8**

Purpose of payment

(See instructions regarding type of information required.)

Donation to FFA & 4 H Fair Auction

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 13/31 Report: 27/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date

5 Payee name
Fort Bend Chamber7 Amount
(\$)

10/09/2007

6 Payee address; City; State; Zip Code
445 Commerce Green Blvd
Sugar Land, TX 77478

\$225.00

8 Purpose of payment
(See instructions regarding type of information required.)
Chamber Dues9 ** 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) 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 County Deputy Sheriff Association7 Amount
(\$)

10/25/2007

6 Payee address; City; State; Zip Code
1410 Ransom Road
Richmond, TX

\$150.00

8 Purpose of payment
(See instructions regarding type of information required.)
Donation to Sheriff Deputy Association9 ** 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) 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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 14/31 Report: 28/57

2 FILER NAME Meyers, W. A. (Mr.)**3** ACCOUNT # (Ethics Commission filers)

0000

4 Date

09/04/2007

5 Payee name

Fort Bend Fair Association

7

Amount

(\$)

\$1,000.00

6 Payee address; City; State; Zip CodeP.O. Box 428
Rosenberg, TX 77471**8**

Purpose of payment

(See instructions regarding type of information required.)

Donation to Fort Bend Fair Association/FFA & 4-H

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **

Candidate / Officeholder name:

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**4** Date

10/30/2007

5 Payee name

Fort Bend Fair Association

7

Amount

(\$)

\$3,650.00

6 Payee address; City; State; Zip CodeP.O. Box 428
Rosenberg, TX 77471**8**

Purpose of payment

(See instructions regarding type of information required.)

Donation to Fort Bend Fair Association/FFA & 4-H

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **

Candidate / Officeholder name:

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 15/31 Report: 29/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 09/06/2007	5 Payee name Fort Bend Republican Club 6 Payee address; City; State; Zip Code 130 Industrial Blvd. # 110 Sugar Land, TX 77478	7 Amount (\$) \$150.00
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8 Purpose of payment
(See instructions regarding type of information required.)
Sponsor of Club Event

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) 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 11/01/2007	5 Payee name Fort Bend Republican Club 6 Payee address; City; State; Zip Code 130 Industrial Blvd. # 110 Sugar Land, TX 77478	7 Amount (\$) \$150.00
--------------------------	---	-------------------------------

8 Purpose of payment
(See instructions regarding type of information required.)
Sponsor of Club Event

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) 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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 16/31 Report: 30/57

2 FILER NAME Meyers, W. A. (Mr.)**3** ACCOUNT # (Ethics Commission filers)

0000

4 Date

09/19/2007

5 Payee name

Friends of Fred Thompson

7

Amount

(\$)

\$500.00

6 Payee address; City; State; Zip CodeP.O. Box 128349
Nashville, TN 37212**8** Purpose of payment
(See instructions regarding type of information required.)
Contribution to attend Event☐ 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 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

12/03/2007

5 Payee name

Houston Pastors Association

7

Amount

(\$)

\$600.00

6 Payee address; City; State; Zip CodeP.O. Box 2606
Houston, TX 77252**8** Purpose of payment
(See instructions regarding type of information required.)
Sponsor of Event☐ 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 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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 17/31 Report: 31/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 11/08/2007	5 Payee name Hypotenuse, Inc. 6 Payee address; City: State: Zip Code 15 Bloomfield Ave. Verona, NJ 07044	7 Amount (\$) \$312.01
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8 Purpose of payment
(See instructions regarding type of information required.)
Get Out The Vote Phone Message Blast9 ** 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) 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 09/17/2007	5 Payee name Katy Pony Baseball 6 Payee address; City: State: Zip Code 4072 Katy Hockley Cut Off Katy, TX 77493	7 Amount (\$) \$300.00
--------------------------	---	----------------------------------

8 Purpose of payment
(See instructions regarding type of information required.)
Sponsor Pony League Baseball Team9 ** 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) 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	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 18/31 Report: 32/57

2 FILER NAME Meyers, W. A. (Mr.)**3** ACCOUNT # (Ethics Commission filers)

0000

4 Date

08/09/2007

5 Payee name

Meyers, Michael

7 Amount

(\$)

\$100.00

6 Payee address; City; State; Zip CodeP.O. Box 1275
Stafford, TX 77477**8** Purpose of payment
(See instructions regarding type of information required.)
Campaign Manager Services**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

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**4** Date

10/12/2007

5 Payee name

Milton Wright Campaign

7 Amount

(\$)

\$175.00

6 Payee address; City; State; Zip Code1519 Tilman Dr.
Richmond, TX 77469**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:

☐ 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

POLITICAL EXPENDITURES**SCHEDULE 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 #** (Ethics Commission filers)
0000**4 Date**

07/16/2007

5 Payee name
Nationwide Insurance**6 Payee address; City; State; Zip Code**
14140 Southwest Frwy # 100
Sugar Land, TX 77478**7 Amount (\$)**

\$189.87

8 Purpose of payment
(See instructions regarding type of information required.)
Campaign Manager vehicle expense, reimburse use of
personal vehicle for political/office use.☐ 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 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**

09/17/2007

5 Payee name
Nationwide Insurance (Truck)**6 Payee address; City; State; Zip Code**
14140 Southwest Frwy # 100
Sugar Land, TX 77478**7 Amount (\$)**

\$189.87

8 Purpose of payment
(See instructions regarding type of information required.)
Expenses Campaign Truck/Vehicle Expenses☐ 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 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**

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 20/31 Report: 34/57

2 FILER NAME Meyers, W. A. (Mr.)**3** ACCOUNT # (Ethics Commission filers)

0000

4 Date

07/23/2007

5 Payee name
No Limit Girls Baseball**6** Payee address; City; State; Zip Code
P.O. Box 135
Katy, TX 77494**7** Amount
(\$)

\$100.00

8 Purpose of payment
(See instructions regarding type of information required.)
Donation☐ 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 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

10/15/2007

5 Payee name
Office Depot**6** Payee address; City; State; Zip Code
11815 Wilcrest
Houston, TX 77031**7** Amount
(\$)

\$87.66

8 Purpose of payment
(See instructions regarding type of information required.)
Campaign Office Supplies - paper, ink☐ 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 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

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 # (Ethics Commission filers)
0000**4** Date

11/19/2007

5 Payee name
Pamela Printing**6** Payee address; City; State; Zip Code
550 Julie Rivers Dr. # 310
Sugar Land, TX 77478**7** Amount
(\$)

\$1,430.00

8 Purpose of payment
(See instructions regarding type of information required.)
Invitations for Republican Party of Fort Bend Christmas
Party☐ 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 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

11/21/2007

5 Payee name
Pump It Up**6** Payee address; City; State; Zip Code
923 S. Mason Road
Katy, TX 77450**7** Amount
(\$)

\$336.62

8 Purpose of payment
(See instructions regarding type of information required.)
Pony League Team Party☐ 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 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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 22/31 Report: 36/57

2 FILER NAME Meyers, W. A. (Mr.)**3 ACCOUNT #** (Ethics Commission filers)
0000**4 Date**

10/19/2007

5 Payee name
Raia, Terese (Mrs.)**6 Payee address:** City: State: Zip Code
1 Turnabout Cr.
Sugar Land, TX 77478**7 Amount**
(\$)

\$237.02

8 Purpose of payment
(See instructions regarding type of information required.)
Reimbursement of Mailout for Nov. '07 Election☐ 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 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**

10/01/2007

5 Payee name
Republican Party of Fort Bend County**6 Payee address:** City: State: Zip Code
P.O. Box 17973
Sugar Land, TX 77496**7 Amount**
(\$)

\$800.00

8 Purpose of payment
(See instructions regarding type of information required.)
Ad in Newsletter☐ 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 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**

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 23/31 Report: 37/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 10/22/2007	5 Payee name Republican Party of Fort Bend County 6 Payee address; City; State; Zip Code P.O. Box 17973 Sugar Land, TX 77496	7 Amount (\$) \$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:

☐ Payment for travel outside Texas (complete boxes 10-16)

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	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation

16 Purpose of travel

4 Date 11/28/2007	5 Payee name Republican Party of Fort Bend County 6 Payee address; City; State; Zip Code P.O. Box 17973 Sugar Land, TX 77496	7 Amount (\$) \$1,250.00
--------------------------	--	---------------------------------

8 Purpose of payment
(See instructions regarding type of information required.)
Filing Fee for Office

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) 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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 24/31 Report: 38/57

2 FILER NAME Meyers, W. A. (Mr.)**3** ACCOUNT # (Ethics Commission filers)

0000

4 Date

08/14/2007

5 Payee name
Rose/Rich Chamber of Commerce**6** Payee address; City; State; Zip Code
4120 Avenue H
Rosenberg, TX 77459**7** Amount
(\$)

\$250.00

8 Purpose of payment
(See instructions regarding type of information required.)
Dues to Rose/Rich Chamber of Commerce☐ 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 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

07/31/2007

5 Payee name
Sandersen, Knox & Belt**6** Payee address; City; State; Zip Code
130 Industrial Blvd. # 130
Sugar Land, TX 77478**7** Amount
(\$)

\$243.91

8 Purpose of payment
(See instructions regarding type of information required.)
Reimburse GOTV Phone Blast☐ 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 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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 25/31 Report: 39/57

2 FILER NAME Meyers, W. A. (Mr.)**3 ACCOUNT #** (Ethics Commission filers)

0000

4 Date 11/27/2007	5 Payee name Shrine Circus Fund	7 Amount (\$) \$150.00
6 Payee address; City; State; Zip Code 2900 N. Breaswood Houston, TX		

8 Purpose of payment
(See instructions regarding type of information required.)
Donation to Service Organization

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

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**

4 Date 12/20/2007	5 Payee name Smith, Lila (Mrs.)	7 Amount (\$) \$75.00
6 Payee address; City; State; Zip Code 1809 Eldridge Sugar Land, TX 77478		

8 Purpose of payment
(See instructions regarding type of information required.)
Christmas Gift to Office Staff Member

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

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**

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 26/31 Report: 40/57

2 FILER NAME Meyers, W. A. (Mr.)**3 ACCOUNT #** (Ethics Commission filers)

0000

4 Date

10/01/2007

5 Payee name

Spirit of Freedom Republican Women Club

7 Amount

(\$)

\$350.00

6 Payee address; City; State; Zip Code25 Charleston N.
Sugar Land, TX 77478**8 Purpose of payment**
(See instructions regarding type of information required.)
Sponsor Club Event**9 ** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

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****4 Date**

12/24/2007

5 Payee name

Sprint

7 Amount

(\$)

\$121.21

6 Payee address; City; State; Zip Code3355 Highway 6
Sugar Land, TX 77479**8 Purpose of payment**
(See instructions regarding type of information required.)
Campaign Cell phone expenses**9 ** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

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**

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 27/31 Report: 41/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 08/01/2007	5 Payee name Sprint PCS 6 Payee address; City; State; Zip Code P.O. Box 660750 Dallas, TX 75266	7 Amount (\$) \$138.82
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8 Purpose of payment
(See instructions regarding type of information required.)
Campaign Manager Cell Phone by agreement & Campaign
Cell phone9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

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

4 Date 07/31/2007	5 Payee name Sugar Creek Country Club 6 Payee address; City; State; Zip Code 420 Sugar Creek Blvd Sugar Land, TX 77478	7 Amount (\$) \$178.66
--------------------------	--	----------------------------------

8 Purpose of payment
(See instructions regarding type of information required.)
County Club used exclusively for campaign/office purposes
during period9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 28/31 Report: 42/57

2 FILER NAME Meyers, W. A. (Mr.)**3** ACCOUNT # (Ethics Commission filers)
0000**4** Date

10/26/2007

5 Payee name
Sugar Creek Garden Club**6** Payee address; City; State; Zip Code420 Sugar Creek Blvd.
Sugar Land, TX 77478**7** Amount
(\$)

\$100.00

8 Purpose of payment
(See instructions regarding type of information required.)
Donation☐ 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 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

09/19/2007

5 Payee name
Sugar Land Cultural Foundation**6** Payee address; City; State; Zip CodeP.O. Box 110
Sugar Land, TX 77487**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:

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 29/31 Report: 43/57

2 FILER NAME Meyers, W. A. (Mr.)**3 ACCOUNT #** (Ethics Commission filers)

0000

4 Date

07/23/2007

5 Payee name
Sugar Land Rotary**6 Payee address;** City; State; Zip Code4400 Palm Royale Drive
Sugar Land, TX 77479**7 Amount**
(\$)

\$500.00

8 Purpose of payment
(See instructions regarding type of information required.)
Donation Rotary Foundation☐ 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 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**

09/04/2007

5 Payee name
Sugar Land Rotary**6 Payee address;** City; State; Zip Code4400 Palm Royale Drive
Sugar Land, TX 77479**7 Amount**
(\$)

\$1,000.00

8 Purpose of payment
(See instructions regarding type of information required.)
Donation Rotary Foundation☐ 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 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**

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 30/31 Report: 44/57

2 FILER NAME Meyers, W. A. (Mr.)**3** ACCOUNT # (Ethics Commission filers)

0000

4 Date

11/05/2007

5 Payee name
Sugar Land Rotary**6** Payee address; City; State; Zip Code4400 Palm Royale Drive
Sugar Land, TX 77479**7** Amount
(\$)

\$500.00

8 Purpose of payment
(See instructions regarding type of information required.)
Donation Rotary Foundation☐ 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 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

07/21/2007

5 Payee name
Todd Fontenot Campaign**6** Payee address; City; State; Zip Code1923 Sam Houston
Liberty, TX 77575**7** Amount
(\$)

\$150.00

8 Purpose of payment
(See instructions regarding type of information required.)
Contribution☐ 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 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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 31/31 Report: 45/57**2** FILER NAME Meyers, W. A. (Mr.)**3** ACCOUNT # (Ethics Commission filers)
0000**4** Date

10/26/2007

5 Payee name

W. A. Meyers (Camapaigh Consultant)

7 Amount
(\$)

\$500.00

6 Payee address; City; State; Zip Code423 Longview Dr.
Sugar Land, TX 77478**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)**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**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

09/18/2007

5 Payee name

W. A. Meyers (Campaign Consultant)

7 Amount
(\$)

\$1,000.00

6 Payee address; City; State; Zip Code423 Longview Dr.
Sugar Land, TX 77478**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 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**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/11 Report: 46/57

2 FILER NAME Meyers, W. A. (Mr.)**3 ACCOUNT #** (Ethics Commission filers)
0000**4 Date**

10/02/2007

5 Payee name
Bronsell, Mandi (Mrs.)**6 Payee address; City; State; Zip Code**
2402 Standing Oak Ln.
Richmond, TX 77469**7 Amount**
(\$)

\$26.00

☒ Reimbursement from
political contributions
intended**8 Purpose of expenditure**
(See instructions regarding type of information required.)
Reimbursement of Auction Item for Charity Event☐ 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)**10 Departure city / location****11 Departure date****12 Destination city / location****13 Arrival date****14 Means of transportation****15 Purpose of travel****4 Date**

08/11/2007

5 Payee name
Cantrell, Commissioner Mike**6 Payee address; City; State; Zip Code**
411 Elm Street
Dallas, TX 75202**7 Amount**
(\$)

\$100.00

☒ Reimbursement from
political contributions
intended**8 Purpose of expenditure**
(See instructions regarding type of information required.)
Contribution to CUC Austin Event☐ 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)**10 Departure city / location****11 Departure date****12 Destination city / location****13 Arrival date****14 Means of transportation****15 Purpose of travel**

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/11 Report: 47/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 09/04/2007	5 Payee name Extended Stay 6 Payee address; City; State; Zip Code 5903 Woodway Dr. Waco, TX 76712	7 Amount (\$) \$146.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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8 Purpose of expenditure
(See instructions regarding type of information required.)
Attend Texas Republican Party Straw Vote

☐ 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)

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
------------------------------	-------------------	--------------------------------	-----------------

14 Means of transportation	15 Purpose of travel
----------------------------	----------------------

4 Date 08/21/2007	5 Payee name Godaddy.com 6 Payee address; City; State; Zip Code 14455 N. Hayden Road # 219 Scottsdale, AZ 85260	7 Amount (\$) \$55.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
--------------------------	---	--

8 Purpose of expenditure
(See instructions regarding type of information required.)
Register Web Site Domain Name

☐ 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)

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
------------------------------	-------------------	--------------------------------	-----------------

14 Means of transportation	15 Purpose of travel
----------------------------	----------------------

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/11 Report: 48/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 07/16/2007	5 Payee name Harris County Toll Road Authority 6 Payee address; City; State; Zip Code 330 Meadowfern Houston, TX 77067	7 Amount (\$) \$40.00 <input checked="" type="checkbox"/> Reimbursement from 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)

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
------------------------------	-------------------	--------------------------------	-----------------

14 Means of transportation	15 Purpose of travel
----------------------------	----------------------

4 Date 08/13/2007	5 Payee name Harris County Toll Road Authority 6 Payee address; City; State; Zip Code 330 Meadowfern Houston, TX 77067	7 Amount (\$) \$40.00 <input checked="" type="checkbox"/> Reimbursement from 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)

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
------------------------------	-------------------	--------------------------------	-----------------

14 Means of transportation	15 Purpose of travel
----------------------------	----------------------

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/11 Report: 49/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 08/28/2007	5 Payee name Harris County Toll Road Authority 6 Payee address; City; State; Zip Code 330 Meadowfern Houston, TX 77067	7 Amount (\$) \$40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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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)

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
------------------------------	-------------------	--------------------------------	-----------------

14 Means of transportation	15 Purpose of travel
----------------------------	----------------------

4 Date 09/19/2007	5 Payee name Harris County Toll Road Authority 6 Payee address; City; State; Zip Code 330 Meadowfern Houston, TX 77067	7 Amount (\$) \$40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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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)

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
------------------------------	-------------------	--------------------------------	-----------------

14 Means of transportation	15 Purpose of travel
----------------------------	----------------------

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/11 Report: 50/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date

10/02/2007

5 Payee name

Harris County Toll Road Authority

7 Amount

(\$)

\$40.00

6 Payee address; City; State; Zip Code

330 Meadowfern
Houston, TX 77067

☒ Reimbursement from
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)

10 Departure city / location

11 Departure date

12 Destination city / location

13 Arrival date

14 Means of transportation

15 Purpose of travel

4 Date

11/17/2007

5 Payee name

Harris County Toll Road Authority

7 Amount

(\$)

\$40.00

6 Payee address; City; State; Zip Code

330 Meadowfern
Houston, TX 77067

☒ Reimbursement from
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)

10 Departure city / location

11 Departure date

12 Destination city / location

13 Arrival date

14 Means of transportation

15 Purpose of travel

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The *INSTRUCTION GUIDE* explains how to complete this form.

1 PAGE #
Schedule: 6/11 Report: 51/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 12/03/2007	5 Payee name Harris County Toll Road Authority 6 Payee address; City; State; Zip Code 330 Meadowfern Houston, TX 77067	7 Amount (\$) \$40.00 <input checked="" type="checkbox"/> Reimbursement from 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)

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

4 Date 12/30/2007	5 Payee name Harris County Toll Road Authority 6 Payee address; City; State; Zip Code 330 Meadowfern Houston, TX 77067	7 Amount (\$) \$40.00 <input checked="" type="checkbox"/> Reimbursement from 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)

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 7/11 Report: 52/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date

10/07/2007

5 Payee name
Katy ISD FFA

6 Payee address; City; State; Zip Code
6301 South Stadium Lane
Katy, TX 77494

7 Amount
(\$)

\$75.00

☒ Reimbursement from
political contributions
intended

8 Purpose of expenditure
(See instructions regarding type of information required.)
Donation

☐ 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)

10 Departure city / location

11 Departure date

12 Destination city / location

13 Arrival date

14 Means of transportation

15 Purpose of travel

4 Date

09/05/2007

5 Payee name
Kettle Country Cafe

6 Payee address; City; State; Zip Code
5800 Woodway Dr.
Waco, TX 76712

7 Amount
(\$)

\$84.40

☒ Reimbursement from
political contributions
intended

8 Purpose of expenditure
(See instructions regarding type of information required.)
Attend Texas Republican Party Straw Vote

☐ 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)

10 Departure city / location

11 Departure date

12 Destination city / location

13 Arrival date

14 Means of transportation

15 Purpose of travel

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 8/11 Report: 53/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 08/15/2007	5 Payee name Mountain Star Lodge 6 Payee address; City; State; Zip Code 3573 RR 620 Austin, TX 78738	7 Amount (\$) \$157.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
--------------------------	--	--

8 Purpose of expenditure
(See instructions regarding type of information required.)
Austin Trip for CUC Event☐ 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)

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
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14 Means of transportation	15 Purpose of travel
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4 Date 09/04/2007	5 Payee name Renaissance Hotel Fort Worth 6 Payee address; City; State; Zip Code 200 Main Street Fort Worth, TX 76102	7 Amount (\$) \$156.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
--------------------------	---	--

8 Purpose of expenditure
(See instructions regarding type of information required.)
Attend Texas Republican Party Straw Vote☐ 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)

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
------------------------------	-------------------	--------------------------------	-----------------

14 Means of transportation	15 Purpose of travel
----------------------------	----------------------

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/11 Report: 55/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 10/31/2007	5 Payee name Sugar Land Rotary	7 Amount (\$) \$15.00
6 Payee address; City; State; Zip Code 4400 Palm Royale Drive Sugar Land, TX 77479		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

8 Purpose of expenditure
(See instructions regarding type of information required.)
Rotary Meeting

☐ 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)

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
------------------------------	-------------------	--------------------------------	-----------------

14 Means of transportation	15 Purpose of travel
----------------------------	----------------------

4 Date 07/27/2007	5 Payee name Windstream Telephone	7 Amount (\$) \$72.37
6 Payee address; City; State; Zip Code 8306 Hwy 90A Sugar Land, TX 77478		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

8 Purpose of expenditure
(See instructions regarding type of information required.)
Campaign phone

☐ 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)

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
------------------------------	-------------------	--------------------------------	-----------------

14 Means of transportation	15 Purpose of travel
----------------------------	----------------------

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 08/13/2007	5 Payee name Republican Party of Texas 6 Payee address; City; State; Zip Code 900 Congress Avenue # 300 Austin, TX	7 Amount (\$) \$250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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8 Purpose of expenditure
(See instructions regarding type of information required.)
Registration for Texas Republican Party Straw Vote

☐ 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)

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
------------------------------	-------------------	--------------------------------	-----------------

14 Means of transportation	15 Purpose of travel
----------------------------	----------------------

4 Date 07/24/2007	5 Payee name Sprint PCS 6 Payee address; City; State; Zip Code P.O. Box 660750 Dallas, TX 75266	7 Amount (\$) \$46.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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8 Purpose of expenditure
(See instructions regarding type of information required.)
Campaign Manager Cell Phone by agreement & Campaign Cell phone

☐ 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)

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
------------------------------	-------------------	--------------------------------	-----------------

14 Means of transportation	15 Purpose of travel
----------------------------	----------------------

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 11/11 Report: 56/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date 10/23/2007	5 Payee name Windstream Telephone 6 Payee address; City; State; Zip Code 8306 Hwy 90A Sugar Land, TX 77478	7 Amount (\$) \$40.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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8 Purpose of expenditure
(See instructions regarding type of information required.)
Campaign phone☐ 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)

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
------------------------------	-------------------	--------------------------------	-----------------

14 Means of transportation	15 Purpose of travel
----------------------------	----------------------

4 Date 11/20/2007	5 Payee name Windstream Telephone 6 Payee address; City; State; Zip Code 8306 Hwy 90A Sugar Land, TX 77478	7 Amount (\$) \$45.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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8 Purpose of expenditure
(See instructions regarding type of information required.)
Campaign phone☐ 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)

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

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 57/57

2 FILER NAME Meyers, W. A. (Mr.)**3** ACCOUNT # (Ethics Commission filers)

0000

4 Date

12/17/2007

5 Payor name

Campaign Solutions LLC

6 Payor address; City; State; Zip Code7222 Bellerive # 2505
Houston, TX 77036**7** Reason for creditRefund Campaign Manager, Cell Phone, Vehicle Expenses, & Miscel
Campaign/Political expenses.**8**Amount
(\$)

\$1,940.67

Date

11/19/2007

Payor name

Republican Party of Fort Bend County

Payor address; City; State; Zip Code

P.O. Box 17973
Sugar Land, TX 77496

Reason for credit

Refund Political Ad Expenditure

Amount
(\$)

\$800.00