CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| Th | e C/OH Instruction Gu | DIDEEXPlains how to complete this | s form. | 1 ACCOUR | NT # ommission file | ers) | 2 Total pages th | is report: |
|----------|-------------------------------------|--|---------------------------------------|---------------------------------------|--|---------------------------------------|--|------------------------------------|
| | | | | 043 | | | 1/15 | ; |
| 3 | CANDIDATE / OFFICEHOLDER NAME | TITLE FIRST | F | | M | <u> </u> | | JSE ONLY |
| | NAME | NICKNAME LAST | • • • • • • • • • • • • • • • • • • • | | St | JFFIX | Date Received Election | is office |
| | | Hebe | t | | | | 1 | 2008 County |
| 4 | CANDIDATE / | ADDRESS / PO BOX; APT / SUITE # | C | ITY; | STATE; ZI | P CODE | 1 | |
| | OFFICEHOLDER ADDRESS | 1303 Foster Creek Drive | • | | | 0002 | Ft. Beno | d County |
| | Change of Address | Richmond TX 77469 | | | | | Date Hand-delivere | d or Date Postmarked |
| <u> </u> | OALIDAIONI | TITLE FIRS | | | M | ··········· | | |
| 5 | CAMPAIGN TREASURER | Pat | • | | ivii | | | |
| | NAME | , | | | | | Receipt# | Amount |
| | | NICKNAME LAST | | | SI | JFFIX | Date Processed | <u> </u> |
| | | Hebe | rt | | | | Date Processed | |
| L | | | | | | | Date Imaged | |
| 6 | CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE |); APT/SUIT | ΓE #; | CITY; ST | TATE; | ZIP CODE | |
| | TREASURER ADDRESS | 1303 Foster Creek | | | | | | |
| | (Residence or business) | 1909 1 03101 03001 | | | | | | |
| | | Richmond TX 77469 | | | | | | |
| 7 | CAMPAIGN | AREA CODE PHONE NUMB | BER | | EXTENSION | ************** | | |
| | TREASURER | () - | | | | | | |
| | PHONE | | 49) | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | |
| 8 | REPORT TYPE | X January 15 30th d | ay before election | | Runoff | | 15th day after ca appointment (offi | mpaign treasurer ceholder only) |
| | | July 15 8th da | y before election | | Exceeded \$50 | 00 limit | Final report (Atta | |
| _ | | Month Day Year | | | Month | Day | Year | |
| 9 | PERIOD COVERED | World Day 150 | THRO | UGH | WO.III. | Day | · | |
| | - | 07/01/2007 | | | | 12/31/200 | 07 | |
| 1 | 0 ELECTION | ELECTION DATE | ELECTION TY | 'PE | | | | |
| 1. | | Month Day Year | Primary | | Runoff | | General | Special |
| | | | L Fillingly | L | Rundii | Ш | General | opecal |
| 1 | 1 OFFICE | OFFICE HELD (if any) Other COUNTY JUDGE | | 12 | OFFICE SOU | GHT (if known) |) | |
| | | Other - COONT 1 300GL | | | | | | |
| 1 | 3 | | | | | | | |
| . | DIRECT CAMPAIGN | Direct campaign expenditures a Candidates are required to disclose t | | | | | | |
| | EXPENDITURE | | | ····· | | | | |
| | BY OTHER | Name | | | | | | |
| | INDIVIDUALS | | | | | | | |
| | | Address/PO Box; Apt. / Suite #; C | ity; State; | Zip Code | | | | |
| | | | | | | | | |
| | additional pages | | | | | | | |
| \vdash | | | | | ······································ | · | And the state of t | |
| | | | | | | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | Bob Hebert | | 16ACCOUNT # (Ethics Commission filers) |
|--------------------------------|---|---|---|
| 17 NOTICE FROM POLITICAL | may have been made | tice of political expenditures by political committees to support the candid without the candidate's or officeholder's knowledge or consent. Candidat If they receive notice of such expenditures. •• | izte / officeholder. These expenditures les and officeholders are required to report |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | |
| | GENERAL | COMMITTEE ADDRESS | |
| | SPECIFIC | | ~ |
| additional pages | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAISN TREASURER ADDRESS | |
| 18 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ -0- |
| | 1 | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 4125.00 |
| EXPENDITURE TOTALS | 3. TOTAL | POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ | \$ 105.00 |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 37943.31 |
| CONTRIBUTION BALANCE | | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD | \$ 37965.55 |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD | \$ -0- |
| 19 AFFIDAVIT | School of School State of The School State of The School of School State of School of | 6.5 (SECTION 1997) | perjury, that the accompanying report |
| AFFIX NOTARY STAM | P/SEAL ABOVE | Signature of Candi | idate or Officeholder |
| Sworn to and subscri | 🔿 | the said Bob Heber + rify which, witness my hand and seal of office. | _, this the day |
| Dieal K | risch | Disch Comy | munity Relations M |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

| The Instruction | ON GUIDE explains how to complete this form. | | 1 Total pages this | |
|----------------------------|--|---------------------|-------------------------------|---|
| FILER NAME Bob Hebert | | | 3 ACCOUNT# | (Ethics Commission filers) |
| Date | 5 Full name of contributor uot-of-state PAC(ID# Arcadis Texas PAC | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable |
| 07/08/2007 | 6 Contributor address; City; State; Zip Code 11490 Westheimer Suite 600 | | 1500.00 |] - |
| Principal occup | Houston TX 77077 pation (Optional) | 10 Employer (Option | al) | |
| Date | Full name of contributor out-of-state PAC(ID# | | Amount of contribution (\$) | In-kind contribution description (if applicable |
| 08/23/2007 | Contributor address; City; State; Zip Code 2702 Lighthouse Dr. | | 125.00 | 1 |
| Principal occu | Houston TX 77058-4318 pation (Optional) | Employer (Option | al) | |
| 7 miorpai doda | (| | | |
| Date | Full name of contributor out-of-state PAC(ID# | | Amount of contribution (\$) | In-kind contribution description (if applicable |
| 07/13/2007 | Contributor address; City; State; Zip Code 19 Flamingo | | 1000.00 | |
| | Rockport TX 78382 | | | 1 |
| Principal occu | pation (Optional) | Employer (Option | nal) | f |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 07/13/2007 | Contributor address; City; State; Zip Code 17706 Moss Point Dr. | | 1000.00 | Transition of the state of the |
| | Spring TX 77379 | | | |
| Principal occu Engineer | pation (Optional) | Employer (Option | nal) | |
| Date | Full name of contributor out-of-state PAC(ID# Dinesh Shah |) | Amount of contribution (\$) | In-kind contribution description (if applicable |
| 09/19/2007 | Contributor address; City; State; Zip Code 1110 Ken Pl. | | 500.00 | |
| | Sugar Land TX 77478 | | | 1 |
| | upation (Optional) Real Estate Development | Employer (Option | nal) | |

P.O.Box 12070

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| POLITI | CAL EXPENDITURES | | | SCHEDULE F |
|---|--|--|--------------------------|---------------------------------------|
| The Instruction | N GUIDE explains how to complete this form. | | 1 Total pages re 4/15 | eport: |
| 2 FILER NAME Bob Hebert | <u> </u> | | 3 ACCOUNT 043 | # (Ethics Commission filers) |
| 4 Date 10/01/2007 | 5 Payee name ARC 6 Payee address; City; State; Zip Code 12919 Dairy Ashford Sugar Land TX 77478 penditure (See instructions regarding type of | 9 Complete if direct exp | penditure to benefi | (\$) 1500.00 |
| information red | | Candidate / Officeholder r | name Of | fice sought Office held |
| Date 12/20/2007 | Payee name ARC Payee address; City; State; Zip Code 12919 Dairy Ashford Sugar Land TX 77478 | ne Dii | | Amount (\$) 4200.00 |
| Purpose of ex information re Donation | penditure (See instructions regarding type of | Complete if direct exp Candidate / Officeholder | | it C/OH •• flice sought Office held |
| Date 12/16/2007 | Payee name Another Time Soda fountain & Cafe Payee address; City; State; Zip Code 800 Third Street Rosenberg TX 77471 | | , | Amount (\$) 1353.13 |
| information re | penditure (See instructions regarding type of equired.) or Museum staff and directors | Complete if direct exp Candidate / Officeholder | | it C/OH ** ffice sought Office held |
| Date 10/20/2007 | Payee name Boys and Girls Clubs of Houston Payee address; City; State; Zip Code P.O. Box 835 Missouri City TX 77459 | | | Amount (\$) 250.00 |
| information re | xpenditure (See instructions regarding type of | Complete if direct ex Candidate / Officeholder | | it C/OH ** Office sought Office held |

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| POLITI | CAL EXPENDITURES | | | SCHEDULE F |
|--|---|---|-----------------------------|----------------------------|
| The Instruction | ON GUIDE explains how to complete this form. | | 1 Total pages repor 5/15 | t: |
| 2 FILER NAME Bob Hebert | | | 3 ACCOUNT# 043 | (Ethics Commission filers) |
| 4 Date 10/10/2007 | 5 Payee name Casa de Esperanza de Los Ninos 6 Payee address; City; State; Zip Code 310 Morton St. Suite 300 | | | Amount (\$) 1500.00 |
| | Richmond TX 77469 | · | | |
| 8 Purpose of ex information re Sponsorship | | 9 Complete if direct experiments Candidate / Officeholder n | | OH '' sought Office held |
| Date 11/27/2007 | Payee name Mary Charles Payee address; City; State; Zip Code 331 William Morton Richmond TX 77469 | | | Amount (\$) 100.00 |
| information re | penditure (See instructions regarding type of equired.) Rep. Party meeting | Complete if direct exp Candidate / Officeholder r | | /OH •• sought Office held |
| Date 10/20/2007 | Payee name City of Arcola Payee address; City; State; Zip Code 13222 Hwy 6 Arcola TX 77583 | | | Amount (\$) 100,00 |
| information re | xpenditure (See instructions regarding type of equired.) stmas celebration donation | Complete if direct exp Candidate / Officeholder r | | /OH ** sought Office held |
| Date 09/05/2007 | Payee name City of Meadows Place Payee address; City; State; Zip Code One Troyan Drive Meadows Place TX 77477 | | | Amount (\$) 300.00 |
| information r | xpenditure (See instructions regarding type of equired.) ament hole sponsorship | Complete if direct exp Candidate / Officeholder | | VOH •• sought Office held |
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POLITICAL EXPENDITURES

| S | CI | 41 | =1 | H | 11 | = | F |
|---|----|----|----|---|----|---|---|

| The Instruction | N GUIDE explains how to complete this form. | | 1 Total pages report: 6/15 |
|---|--|--|---|
| FILER NAME Bob Hebert | | | 3 ACCOUNT # (Ethics Commission filers) 043 |
| 1 Date | 5 Payee name | | 7 Amount |
| 10/20/2007 | City of Rosenberg | | (\$) 250.00 |
| | 6 Payee address; City; State; Zip Code 2110 Fourth St. Rosenberg TX 77471 | | |
| 8 Purpose of exp | penditure (See instructions regarding type of | 9 Complete if direct expenses Candidate / Officeholder n | enditure to benefit C/OH ** name Office sought Office held |
| | ent Sponsorship | Candidate / Officeriolder in | aame Office sought Office held |
| | • | | |
| Date | Payee name | | Amount |
| 08/25/2007 | Don Dulin | | (\$) 135.31 |
| | Payee address; City; State; Zip Code | | |
| | P.O. Box 1840 | | |
| | Richmond TX 77406 | | |
| Purpose of ex information red Website editi | | Complete if direct exp Candidate / Officeholder r | enditure to benefit C/OH • • name Office sought Office held |
| Date | Payee name | | Amount |
| 12/03/2007 | Don Dulin | | (\$) 32.48 |
| 12/03/2007 | Payee address; City; State; Zip Code | | 32.40 |
| | P.O. Box 1840 | | |
| | Richmond TX 77406 | | |
| Purpose of ex information re Domain nam | penditure (See instructions regarding type of quired.) | Complete if direct exp Candidate / Officeholder r | penditure to benefit C/OH ** name Office sought Office held |
| Date | Payee name | .1 | Amount |
| 10/25/2007 | Fernandos Latin Cuisine | | (\$) 179.51 |
| 10/20/2001 | | | 119.01 |
| | Payee address; City; State; Zip Code 14135 Southwest Freeway | | |
| | | | |
| | Sugar Land TX 77478 | | |

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F Total pages report: The Instruction Guide explains how to complete this form. 7/15 FILER NAME ACCOUNT # (Ethics Commission filers) Bob Hebert 043 Date Pavee name Amount (\$) 08/30/2007 Fort Bend Buyer's Group 1000.00 6 Payee address; City; State; Zip Code 12919 Dairy Ashford, Suite 200 Sugar Land TX 77478 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office scught Office held Donation - Fort Bend Co. Fair Date Payee name Amount (\$) 11/07/2007 Fort Bend Chamber of Commerce 400.00 City; State; Zip Code Payee address; 445 Commerce Green Sugar Land TX 77478 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH ... Candidate / Officeholder name information required.) Office sought Office held donation - golf package Amount Date Pavee name (\$) 12/03/2007 Fort Bend Chamber of Commerce 225.00 Payee address; City; State; Zip Code 445 Commerce Green Sugar Land TX 77478 Complete if direct expenditure to benefit C/OH ** Purpose of expenditure (See instructions regarding type of Candidate / Officeholder name information required.) Office sought Office held Membership Dues Amount Payee name Date (\$) 09/23/2007 Fort Bend Co. Republican PAC 1500.00 Payee address; City; State; Zip Code 310 Morton St. Suite 126 Richmond TX 77469 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held Sponsorship Grand Old Picnic

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| xas Ethics Com | mission P.O.Box 12070 Austin, Texas 78 | 711-2070 | (512)463-5800 | 1-800-325-850 |
|--|---|---|--|--------------------|
| POLITI | CAL EXPENDITURES | | sc | HEDULE F |
| The Instruction | ON GUIDE explains how to complete this form. | | 1 Total pages report: 8/15 | |
| FILER NAME | = | | 3 ACCOUNT # (Ethics | Commission filers) |
| Bob Hebert | | | 043 | |
| Date | 5 Payee name | | 7 | Amount (\$) |
| 10/06/2007 | Fort Bend County Fair Association | | | 4900.00 |
| | 6 Payee address; City; State; Zip Code 4310 Hwy 36 South | | | |
| | Rosenberg TX 77471 | | | |
| Purpose of ex information re Donation | | 9 Complete if direct expe Candidate / Officeholder n | enditure to benefit C/OH ame Office sought | |
| Date | Payee name | | | Amount |
| 10/20/2007 | Fort Bend Museum Association | | | (\$) 800.00 |
| 10/20/2001 | Payee address; City; State; Zip Code | | | 000.00 |
| | P.O. Drawer 460 | | | |
| | Richmond TX 77469 | | | |
| information re | xpenditure (See instructions regarding type of | Complete if direct exp Candidate / Officeholder n | enditure to benefit C/OH ame Office sought | |
| Date | Payee name | | | Amount |
| 10/10/2007 | Fort Bend Rotary Club | | | (\$) 300.00 |
| 10/10/2007 | Payee address; City; State; Zip Code | | | 300.00 |
| | 510 Longview Dr. | | | |
| | Sugar Land TX 77478 | | | |
| Purpose of e information re Donation | xpenditure (See instructions regarding type of | Complete if direct exp Candidate / Officeholder I | enditure to benefit C/OH name Office sough | |
| | | | | Amount |
| Date | Payee name | | T | Amount (\$) |
| 07/04/2007 | Fort Bend/Southwest Star | | | 75.00 |
| | Payee address; City; State; Zip Code | | | |
| | 4655 Techniplex,Suite 300 | | | |
| | Stafford TX 77477 | | | |
| Purpose of e | xpenditure (See instructions regarding type of equired.) | Complete if direct exp Candidate / Officeholder | penditure to benefit C/OH name Office sough | |
| | of July special section | | • | |

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| POLITIC. | AI FXPF | NDITURES | I • |
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SCHEDULE F

| The Instruction | אס Guide explains how to complete this form. | | 1 Total pages 9/15 | report: | |
|--|--|---|-----------------------|---|------|
| FILER NAME Bob Hebert | <u> </u> | | 3 ACCOUN 043 | T# (Ethics Commission filer | rs) |
| Date | 5 Payee name | | <u> </u> | 7 Amount | |
| 07/04/2007 | Helping Hands | | | (\$) 500.0 | 00 |
| | 6 Payee address; City; State; Zip Code P.O. Box 1268 | | | · | |
| | Richmond TX 77406 | | | | |
| Purpose of ex information red Donation | penditure (See instructions regarding type of quired.) | 9 Complete if direct exp Candidate / Officeholder | | efit C/OH ** Office sought Office h | neld |
| Date | Payee name | | | Amount | |
| 12/12/2007 | Katy Area Chamber of Commerce | | | (\$) 365. | .00 |
| | Payee address; City; State; Zip Code | · · · · · · · · · · · · · · · · · · · | | | - • |
| | 2501 S. Mason | | | | |
| | | | | | |
| | Suite 230 Katy TX 77450 | 1/10 | | | |
| Purpose of ex information re Membership | Suite 230 Katy TX 77450 penditure (See instructions regarding type of quired.) | Complete if direct exp Candidate / Officeholder | | efit C/OH · · · Office sought Office h | held |
| information re | Suite 230 Katy TX 77450 penditure (See instructions regarding type of quired.) | | | Office sought Office h | |
| information re Membership | Suite 230 Katy TX 77450 penditure (See instructions regarding type of quired.) dues | Candidate / Officeholder | | Office sought Office h | l |
| information re Membership Date | Suite 230 Katy TX 77450 penditure (See instructions regarding type of quired.) dues Payee name D'Neal Krisch Payee address; City; State; Zip Code | Candidate / Officeholder | | Office sought Office h | l |
| Date O9/19/2007 Purpose of exinformation re | Suite 230 Katy TX 77450 penditure (See instructions regarding type of quired.) dues Payee name D'Neal Krisch Payee address; City; State; Zip Code 22407 Silvermist Lane Katy TX 77494 spenditure (See instructions regarding type of | Candidate / Officeholder | name | Office sought Office h | .75 |
| Date O9/19/2007 Purpose of exinformation re | Suite 230 Katy TX 77450 penditure (See instructions regarding type of quired.) dues Payee name D'Neal Krisch Payee address; City; State; Zip Code 22407 Silvermist Lane Katy TX 77494 spenditure (See instructions regarding type of equired.) | Candidate / Officeholder | name | Amount (\$) 60. Amount Office sought Office sought Office sought | t.75 |
| Date O9/19/2007 Purpose of exinformation re Refreshmer | Suite 230 Katy TX 77450 penditure (See instructions regarding type of quired.) dues Payee name D'Neal Krisch Payee address; City; State; Zip Code 22407 Silvermist Lane Katy TX 77494 Expenditure (See instructions regarding type of equired.) hts - Advisory Board | Candidate / Officeholder | name | Amount (\$) 60. Amount (\$) 60. | t.75 |
| Date O9/19/2007 Purpose of exinformation re Refreshmen | Suite 230 Katy TX 77450 penditure (See instructions regarding type of quired.) dues Payee name D'Neal Krisch Payee address; City; State; Zip Code 22407 Silvermist Lane Katy TX 77494 Rependiture (See instructions regarding type of equired.) ats - Advisory Board Payee name | Candidate / Officeholder Complete if direct expended of the candidate / Officeholder | name | Amount (\$) 60. Amount Office sought Office sought Office sought | t.75 |
| Date O9/19/2007 Purpose of exinformation re Refreshmer | Suite 230 Katy TX 77450 penditure (See instructions regarding type of quired.) dues Payee name D'Neal Krisch Payee address; City; State; Zip Code 22407 Silvermist Lane Katy TX 77494 Rependiture (See instructions regarding type of equired.) hts - Advisory Board Payee name D'Neal Krisch Payee address; City; State; Zip Code | Candidate / Officeholder Complete if direct expended of the candidate / Officeholder | name | Amount (\$) 60. Amount (\$) 60. | t t |

| | | , | _ | CHEDULE F |
|---|---|--|--|---------------------------|
| The Instruction | N GUIDE explains how to complete this form. | | 1 Total pages report: 10/15 | |
| FILER NAME Bob Hebert | | | 3 ACCOUNT # (E 043 | thics Commission filers) |
| Date 12/12/2007 | 5 Payee name D'Neal Krisch 6 Payee address; City; State; Zip Code 22407 Silvermist Lane Katy TX 77494 | | 7 | Amount (\$) 35.98 |
| information req | penditure (See instructions regarding type of guired.) s for Chamber leadership group | 9 Complete if direct exp Candidate / Officeholder r | penditure to benefit C/OI name Office sou | |
| Date 07/23/2007 | Payee name Lamar Educational Awards Foundation Payee address; City; State; Zip Code 3911 Ave I Rosenberg TX 77441 | | | Amount (\$) 200.00 |
| Purpose of exp information red Donation | enditure (See instructions regarding type of quired.) | Complete if direct exp Candidate / Officeholder | penditure to benefit C/Oi name Office sou | |
| Date 11/06/2007 | Payee name M.D. Anderson Children's Art Project Payee address; City; State; Zip Code Box 301435 Houston TX 77230-1435 | · | | Amount (\$) 2026.47 |
| Purpose of expinformation rec Christmas ca | | Complete if direct exp Candidate / Officeholder | penditure to benefit C/O name Office sou | |
| Date 12/19/2007 | Payee name Robert McKnight Payee address; City; State; Zip Code 2234 Sicklepod Houston TX 77083 | | | Amount (\$) 500.00 |
| information re | penditure (See instructions regarding type of quired.) of Christmas cards | Complete if direct exp Candidate / Officeholder | penditure to benefit C/O name Office so | |

SCHEDULE F

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070

POLITICAL EXPENDITURES

| The Instruction | ON GUIDE explains how to complete this form. | 1 Total pages report: 11/15 |
|---|--|--|
| FILER NAME Bob Hebert | | 3 ACCOUNT # (Ethics Commission filer 043 |
| Date 09/04/2007 | 5 Payee name Oak Bend Medical Center 6 Payee address; City; State; Zip Code 1705 Jackson St. Richmond TX 77469 | 7 Amount (\$) 600.0 |
| information re | penditure (See instructions regarding type of quired.) of for 'What's Up Doc?' fundraiser | 9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office he |
| Date 10/20/2007 | Payee name Rainbow Room Payee address; City; State; Zip Code 3350-A Hwy 6 Sugar Land TX 77478 | Amount (\$) 200.0 |
| Purpose of ex information re Donation | penditure (See instructions regarding type of equired.) | Complete if direct expenditure to benefit C/OH • • Candidate / Officeholder name Office sought Office he |
| Date 12/03/2007 | Payee name Republican Party of Fort Bend County Payee address; City; State; Zip Code 231 River Grove Sugar Land TX 77478 | Amount (\$) 2000.0 |
| information re | ypenditure (See instructions regarding type of equired.) agen Dinner Sponsorship | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office he |
| Date 09/23/2007 | Payee name Richmond Citizen's Police Academy Payee address; City; State; Zip Code 600 Preston Street Richmond TX 77469-3028 | Amount (\$) 100.0 |
| | expenditure (See instructions regarding type of | Complete if direct expenditure to benefit C/OH ** |

| POLITI | CAL EXPENDITURES | 78711-2070 | (512)463- | 5800 1-800-325-8506 SCHEDULE F | |
|---|---|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | | 1 Total pages report: 12/15 | | |
| 2 FILER NAME Bob Hebert | | *************************************** | 3 ACCOUNT 043 | OUNT # (Ethics Commission filers) | |
| 4 Date | 5 Payee name | | <u>' </u> | 7 Amount | |
| 11/07/2007 | Richmond State School | | | (\$) 1000.00 | |
| | 6 Payee address; City; State; Zip Code | • | • | 1000.00 | |
| | 2100 Preston Street | | | | |
| | Disharand TV 77400 | | | | |
| 0 D | Richmond TX 77469 | 9 Complete if direct exp | anditus to be set | * C/OIL * * | |
| information re- | | 9 Complete if direct exp Candidate / Officeholder r | | ffice sought Office held | |
| Luncheon sp | oonsorship | | | | |
| | | | | | |
| Date | Payee name | | • | Amount (\$) | |
| 08/08/2007 | Rose Rich Chamber of Commerce | | | 150.00 | |
| | Payee address; City; State; Zip Code | | | | |
| | 4120 Ave H | | | | |
| | Rosenberg TX 77471 | | | | |
| Purpose of ex information re Membership | | Complete if direct exp Candidate / Officeholder i | | it C/OH •• ffice sought Office held | |
| Date | Payee name | | | Amount | |
| 11/15/2007 | Rose Rich Chamber of Commerce | | | (\$) 3500.00 | |
| 1171072001 | Payee address; City; State; Zip Code | | | 3300.00 | |
| | 4120 Ave H | | | | |
| | Rosenberg TX 77471 | | | | |
| 0 | | Complete if direct exp | anditure to benef | St C/OH :: | |
| information re | penditure (See instructions regarding type of equired.) | Candidate / Officeholder | | it G/OH iffice sought Office held | |
| Date | Payee name | | | Amount | |
| 09/07/2007 | Rosenberg Railroad Museum | | | (\$) 100,00 | |
| | | •••••••••••••••••••••••••••••••••••••• | | 700.00 | |
| | 3rd and Ave F | | | | |
| | Rosenberg TX 77471 | | | | |
| Purnose of a | xpenditure (See instructions regarding type of | Complete if direct exp | penditure to hene | fit C/OH ** | |
| information re | | Candidate / Officeholder | | Office sought Office held | |
| | | | | | |
| | | | | | |

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POLITICAL EXPENDITURES

SCHEDULE F

| The Instruction Guide explains how to complete this form. | | | s report: | |
|---|--|---|--|--|
| 2 FILER NAME Bob Hebert | | 3 ACCOU 043 | T # (Ethics Commission filers) | |
| Date 10/01/2007 | 5 Payee name Sugar Land Cultural Arts Foundation 6 Payee address; City; State; Zip Code 4771 Sweetwater Blvd,PMB 107 | | 7 Amount (\$) 1500.00 | |
| information red | Sugar Land TX 77479 penditure (See instructions regarding type of quired.) ocial Sponsorship | Complete if direct expenditure to ber Candidate / Officeholder name | nefit C/OH ** Office sought Office held | |
| Date 10/20/2007 | Payee name Sugar Land Rotary Club Payee address; City; State; Zip Code P.O. Box 16549 | | Amount (\$) 1000.00 | |
| | Sugar Land TX 77496 | | | |
| information re | spenditure (See instructions regarding type of | Complete if direct expenditure to be Candidate / Officeholder name | nefit C/OH · · Office sought Office held | |
| information re | penditure (See instructions regarding type of quired.) | Candidate / Officeholder name | | |
| Date 07/04/2007 | penditure (See instructions regarding type of quired.) of for Legacy of Freedom Veterans Tribute Payee name The ARC of Fort Bend county Payee address; City; State; Zip Code 123 Brooks St. Sugar Land TX 77478 Expenditure (See instructions regarding type of | Candidate / Officeholder name | Amount (\$) 1900.00 | |
| Date 07/04/2007 Purpose of exinformation re | penditure (See instructions regarding type of quired.) of for Legacy of Freedom Veterans Tribute Payee name The ARC of Fort Bend county Payee address; City; State; Zip Code 123 Brooks St. Sugar Land TX 77478 Expenditure (See instructions regarding type of | Candidate / Officeholder name Complete if direct expenditure to be Candidate / Officeholder name | Amount (\$) 1900.00 | |

POLITICAL EXPENDITURES

SCHEDULE F

| The Instruction Guide explains how to complete this form. | | | 1 Total pages report: 15/15 | | | |
|---|---|---|--|--|--|--|
| 2 FILER NAME Bob Hebert | | | 3 ACCOUNT # (Ethics Commission filers) 043 | | | |
| 4 Date | 5 Payee name | | | 7 Amount (\$) | | |
| 12/13/2007 | | • | | 451.00 | | |
| | 6 Payee address; City; State; Zip Code 5560 FM 1640 | | | | | |
| | Richmond TX 77469 | | | | | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Stamps for Christmas Cards 9 Complete if direct e Candidate / Officeholde | | | | Fift C/OH ** Office sought Office held | | |
| Date | Payee name | | | Amount | | |
| 12/03/2007 | Ann Werlein | | | (\$) 58.95 | | |
| | Payee address; City; State; Zip Code | | | | | |
| | 702 Misty Creek | | | | | |
| | Richmond TX 77469 | | | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH •• Candidate / Office holder name Office sought Office held | | | | | | |
| Courthouse | Christmas tree lighting refreshments | | | | | |
| | | | | | | |
| | | | | | | |
| | 1.65 | | | | | |
| | 1.5 | | | | | |
| 1 | | | | | | |