CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

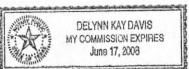
FORM C/OH COVER SHEET PG 1

1-800-325-3506

				0012.00	
The C/OH INSTRUCTION GUID	DE explains how to complete this fo	1 ACCO (Ethics 0000	UNT # Commission filers)	2 PAGE# 1 of 101	
3 CANDIDATE!	MS / MRS / MR FIRST		MI	OFFICE U	SEONLY
OFFICEHOLDER NAME	Mr. W. A. NICKNAME LAST Andy Meyers		SUFFIX	Date Received	on !**
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: 423 Longview Drive Sugar Land, TX 77478	CITY:	STATE: ZIP CODE		0.7%
Change of Address					CA .
	MS / MRS - MR FIRST	- Constitution - Constitution	MI	Receipt #	Amount
5 CAMPAIGN TREASURER	Mr. Michael	I.	041	Date Processed	
NAME	NICKNAME LAST Meyers		SUFFIX.	Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 423 Longview Drive Sugar Land, TX 77478	APT / SUITE =	CITY: STATE	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	R	EXTENSION		***************************************
8 REPORT TYPE		before election	Runoff Exceeded \$500 limit	appointment (o	rampaign freasurer fficenolder only) tach C/OH - FR)
9 PERIOD COVERED	Month Day Year 01/01/2007	THROUGH	Month Day 06/30/20	Year	
10 ELECTION	ELECTION DATE Month Day Year	Primary	Runoff	General	Special
11 OFFICE	OFFICE HELD (if any) County Commissioner	12	2 OFFICE SOUGHT (if known	nt	
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are candidates are required to disclose this.				
EXPENDITURE BY OTHER INDIVIDUALS	Name				
	Address/PO Box: Apt : Suite #: City;	State, Zip Code			
		GO TO PAGE 2			

Austin, Texas 78711-2070

SUPPORT &		OLDER REPORT:		ORM C/OH SHEET PG 2
4 C/OH NAME Meye	rs, W. A. (Mr.)		15 ACCOUNT # (E	Ethics Commission filer
6 NOTICE FROM	have been made with	tice of political expenditures by political committees to su out the candidate's or officeholder's knowledge or conse y receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	· · · · · · · · · · · · · · · · · · ·	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
7 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHE SS. LOANS, OR GUARANTEES OF LOANS), UNLESS (150.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOAMS, OR GUARANTEES OF LOA	(NS) \$	69,650,00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLES	S ITEMIZED \$	145.00
	4. TOTAL	POLITICAL EXPENDITURES	\$	39,537.40
CONTRIBUTION BALANCE	7.00	POLITICAL CONTRIBUTIONS MAINTAINED AS OF TH AY OF THE REPORTING PERIOD	\$	47,644.15
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AY OF THE REPORTING PERIOD	AS OF THE \$	0.00
18 AFFIDAVIT			der penalty of perjury, that the ai	ccompanying report



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

to certify which, witness my hand and seal of office.

Print name of officer administering oath Signature of officer administering oath Title of officer administering oath

Electronic Filing Version

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The Instruction	N GUIDE explains how to cor	nplete this form.		1 PAGE#		
				Schedule: 1/40 Report: 3/101 3 ACCOUNT # (Ethics Commission file		
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics Commission filers)	
Date	5 Full name of contributor Aschilman, Nick (Mr.)	out-of-state PAC(ID#_)		7 Amount of contribution (\$)	
02/05/2007	6 Contributor address; 4129 University Houston, TX 77005	City: State; Zip Code	*************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$500.00	
Principal occup	ation / Job title (See Instruction	ns)	9 Employer (See In	structions)		
10 In-kind contribu	ntion n-kind contribution for travel or boxes 12-18. Otherwise, com	utside Texas and	11 In-kind description	ı (if applicable)		
	n(s) traveling on whose behal		attach additional pages	if necessary)		
13 Departure city	3 Departure city / location 14 Departure date			ocation	16 Arrival date	
17 Means of Irans	portation		18 Purpose of travel			
4 Date	5 Full name of contributor Babineaux, Bruce (Mr.)	out-of-state PAC(ID#_			7 Amount of contribution (S)	
04/17/2007	6 Contributor address: 9800 Richmond Ave. #400 Houston, TX 77042	City; State; Zip Code			\$125.00	
Principal occup	Dation / Job title (See Instruction	ons)	9 Emoloyer (See In	structions)	<u> </u>	
	ution n-kind contribution for travel o boxes 12-18. Otherwise, con		11 in-kind description (if applicable)			
12 Name of perso	on(s) traveling on whose beha	f the travel was accepted	attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location	16 Arrival date	
17 Means of trans	sportation		18 Purpose of travel			
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Texas Ethics Con	nmission P.O.Box 1	2070 Austin	, Texas 78711-2070	(512)463	3-5800 1-800-325-85
	CAL CONTRIBUTED OF THAN PLEDGE		NS		SCHEDULE A
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 2/4	0 Report: 4/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics Commission filers)
4 Date	5 Full name of contributor Bahl, Vishwa (Mr.)	out-of-state PAC(ID#_)		7 Amount of contribution (\$)
02/05/2007	6 Contributor address; 11767 Katy Frwy # 510 Houston, TX 77079	City; State; Zip Code			\$250.0
8 Principal occup	Dation / Job title (See Instructions	3)	9 Employer (See In	structions)	
	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	n (if applicable)	
12 Name of perso	on(s) traveling on whose behalf the	ne travel was accepted (attach additional pages	if necessary)	
13 Departure city	/ location	14 Departure date	15 Destination city / location 16 Arrival date		
17 Means of trans	sportation	L	18 Purpose of travel		
4 Date	5 Full name of contributor Barfield, Larry (Mr.)	out-of-state PAC(ID#_)		7 Amount of contribution (S)
02/05/2007	6 Contributor address; 15611 Stable Park Dr. Cypress, TX 77429	City: State: Zip Code	**************************************		\$500.6
8 Principal occu	pation / Job title (See Instruction	s)	9 Employer (See In	istructions)	
	ution in-kind contribution for travel out boxes 12-18, Otherwise, compl		11 In-kind descriptio	n (if applicable)	
12 Name of perso	on(s) traveling on whose behalf t	ne 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 tran	sportation	L	18 Purpose of travel		
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P.O.Box 12070

SCHEDULE A

The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 3/4	0 Report: 5/101	
2 FILER NAME	2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics Commission filers)	
4 Date	5 Full name of contributor Berg-Oliver PAC	ut-of-state PAC(ID#_)		7 Amount of contribution (\$)	
02/05/2007	6 Contributor address; 14701 St. Mary's Ln #400 Houston, TX 77079	City; State; Zip Code			\$250.00	
8 Principal occup	Dation / Job title (See Instruction	ns)	9 Employer (See In	estructions)		
	ution n-kind contribution for travel ou boxes 12-18. Otherwise, comp		11 In-kind description	n (if applicable)		
12 Name of perso	n(s) traveling on whose behalf	the travel was accepted (attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city i	location	16 Arrival date	
17 Means of trans	sportation	1	18 Purpose of travel			
4 Date	5 Full name of contributor Bullard, Patrick (Mr.)	□ out-of-state PAC(tD#_			7 Amount of contribution (\$)	
02/05/2007	6 Contributor address: 2450 Fondren # 210 Houston, TX 77063	City: State: Zip Code			\$1,000.00	
8 Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See In	nstructions)		
	ution in-kind contribution for travel out boxes 12-18. Otherwise, comp		11 In-kind description (if applicable)			
	on(s) traveling on whose behalf			if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location	16 Arrival date	
17 Means of trans	sportation	.1	18 Purpose of trave			

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 4/40 Report: 6/101 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Meyers, W. A. (Mr.) 0000 Date 5 Full name of contributor ut-of-state PAC(ID# Amount of contribution (\$) Carter, Darrell 6 Contributor address; City; State; Zip Code \$250.00 02/05/2007 1301 Travis # 300 Houston, TX 77002 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 14 Departure date 15 Destination city / location 16 Arrival date 13 Departure city / location 17 Means of transportation 18 Purpose of travel Date 5 Fuil name of contributor out-of-state PAC(ID#) Amount of contribution (\$) Chiang Patel & Yerby PAC 6 Contributor address; City; State; Zip Code \$2,000.00 02/05/2007 1820 Regal Row #200 Dallas, TX 75235 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

Electronic Filling Version

16 Arrival date

13 Departure city / location

17 Means of transportation

14 Departure date

15 Destination city / location

18 Purpose of travel

SCHEDULE A

1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 5/40 Report: 7/101 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Meyers, W. A. (Mr.) 0000 5 Full name of contributor out-of-state PAC(ID# Amount of Date contribution (\$) CLR PAC \$2,000.00 6 Contributor address; City; State; Zip Code 02/05/2007 7600 W. Tidwell Houston, TX 77040 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) 10 In-kind contribution 11 in-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 14 Departure date 15 Destination city / location 16 Arrival date 13 Departure city / location 18 Purpose of travel 17 Means of transportation 5 Full name of contributor ☐ out-of-state PAC(IO# Amount of contribution (3) Cobb. Harold 6 Contributor address; City; State; Zio Code 02/05/2007 \$500.00 11555 Clay Rod # 100 Houston, TX 77043 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 11 In-kind description (if applicable) 10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable, 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 14 Departure date 16 Arrival date 13 Departure city / location 15 Destination city / location 17 Means of transportation 18 Purpose of travel

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

SCHEDULE A

1-800-325-8506

POLITICAL CONTRIBUTIONS

The INSTRUCTION	on Guide explains how to complete	this form.		1 PAGE # Schedule: 6/4	0 Repo	rt: 8/101	
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000		ommission filers)	
1 Date	5 Full name of contributor Cook, Gary	out-of-state PAC(ID#_)			Amount of ntribution (\$)	
02/05/2007	6 Contributor address; City; 8101 Desert Jewel Circle Las Vegas, NV 89128	State; Zip Code	***************			\$500.00	
3 Principal occup	Deation / Job title (See Instructions)		9 Employer (See In	structions)			
	ution in-kind contribution for travel outside boxes 12-18. Otherwise, complete b		11 In-kind description	n (if applicable)			
12 Name of perso	on(s) traveling on whose behalf the tr	ravel was accepted (a	attach additional pages	if necessary)			
13 Departure city	/ location 1-	4 Departure date	15 Destination city /	ocation		16 Arrival date	
17 Means of trans	7 Means of transportation			18 Purpose of travel			
4 Date 02/05/2007	Crouch, Kay (Mrs.)	out-of-state PAC(ID#				Amount of intribution (\$) \$250.0	
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instructions)				
	ution in-kind contribution for travel outside boxes 12-18. Otherwise, complete		11 In-kind description	n (if applicable)			
12 Name of perso	on(s) traveling on whose behalf the t	ravel was accepted (attach additional pages	if necessary)			
13 Departure city	/ location 1	4 Departure date	15 Destination city /	location		16 Arrival date	
17 Means of trans	sportation		18 Purpose of travel				
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Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(512)463-5800

The Instruction	ON GUIDE explains how to cor	nplete this form.		1 PAGE # Schedule: 7/4	40 Report: 9/101
FILER NAME	Meyers, W. A. (Mr.)		***	3 ACCOUNT # 0000	(Ethics Commission filers)
Date	5 Full name of contributor Dannebaum, Jim	5 Full name of contributor			7 Amount of contribution (\$)
02/05/2007	6 Contributor address; 3100 West Alabama #200 Houston, TX 77019	City; State; Zip Code			\$2,000.0
Principal occup	pation / Job title (See Instruction	ons)	9 Employer (See In	istructions)	
	ution n-kind contribution for travel o boxes 12-18. Otherwise, com		11 In-kind descriptio	n (if applicable)	
2 Name of perso	n(s) traveling on whose behal	the travel was accepted (attach additional pages	if necessary)	
3 Departure city	/ location	14 Departure date	ate 15 Destination city / location		16 Arrival date
7 Means of trans	portation		18 Purpose of travel		
Date	5 Full name of contributor Deforest, Robert	out-of-state PAC(ID#_)		7 Amount of contribution (\$)
02/05/2007	6 Contributor address; 15810 Park Ten Place # 16l Houston, TX 77084	City; State; Zio Code			\$500.0
Principal occup	Dation / Job title (See Instruction	ons)	9 Employer (See In	istructions)	L
	ution n-kind contribution for travel o boxes 12-18, Otherwise, com		11 In-kind description (if applicable)		
2 Name of perso	n(s) traveling on whose behal	f the travel was accepted (attach additional pages	if necessary)	
3 Departure city	/ location	14 Departure date	15 Destination city /	location	16 Arrival date
7 Means of trans	sportation		18 Purpose of travel		

P.O.Box 12070

SCHEDULE A

The Instruction	ON GUIDE explains how to comp	plete this form.		1 PAGE # Schedule: 8/4	0 Report: 10/101		
2 FILER NAME	Meyers, W. A. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000				
4 Date	5 Full name of contributor Eastwood, David	out-of-state PAC(ID#_)		7 Amount of contribution (\$)		
02/05/2007	6 Contributor address; 300 Victoria Drive Houston, TX 77022	City; State; Zip Code	*************		\$1,000.00		
8 Principal occup	pation / Job title (See Instruction	s)	9 Employer (See In	structions)			
	ution n-kind contribution for travel out boxes 12-18. Otherwise, compl		11 In-kind descriptio	n (if applicable)			
12 Name of perso	n(s) traveling on whose behalf t	he travel was accepted (attach additional pages	if necessary)			
13 Departure city	/ location	14 Departure date	15 Destination city /	location	16 Arrival date		
17 Means of trans	portation	1	18 Purpose of travel				
4 Date	5 Full name of contributor Edminster, Truman (Mr.)	out-of-state PAC(ID#_		-	7 Amount of contribution (\$)		
02/05/2007	6 Contributor address; 10555 Westoifice Dr, Houston, TX 77042	City: State: Zip Code			\$500.00		
8 Principal occup	Deation / Job title (See Instruction	as)	9 Employer (See Instructions)				
	ution in-kind contribution for travel out boxes 12-18, Otherwise, compl		11 In-kind description (if applicable)				
12 Name of perso	on(s) traveling on whose behalf	the travel was accepted (attach additional pages	if necessary)			
13 Departure city	/ location	14 Departure date	15 Destination city /	location	16 Arrival date		
17 Means of trans	sportation	1	18 Purpose of trave	1			
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Texas Ethics Con	nmission P.O.Box 1	2070 Austin	, Texas 78711-2070	(512)46	33-5800 1-800-325-850
	CAL CONTRIBUTED OF THAN PLEDGE		NS		SCHEDULE A
The Instruction	ON GUIDE explains how to comp	elete this form.		1 PAGE# Schedule: 9/4	40 Report: 11/101
2 FILER NAME	Meyers, W. A. (Mr.)		4	3 ACCOUNT # 0000	(Ethics Commission filers)
4 Date	5 Full name of contributor [Elberger, Robert (Mr.)	out-of-state PAC(ID#_)		7 Amount of contribution (S)
02/05/2007	6 Contributor address; (4615 Post Oak Place #210 Houston, TX 77027	City; State; Zip Code	***********		\$250.00
8 Principal occup	Dation / Job title (See Instructions	5)	9 Employer (See In	structions)	
	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	n (if applicable)	
12 Name of perso	n(s) traveling on whose behalf the	ne travel was accepted (attach additional pages	if necessary)	
13 Departure city	/ location	14 Departure date	15 Destination city /	location	16 Amval date
17 Means of trans	sportation	1	18 Purpose of travel		
4 Date	5 Full name of contributor Fendley, William	out-of-state PAC(ID#_			7 Amount of contribution (S)
02/05/2007	6 Contributor address: 5300 Hollister # 400 Houston, TX 77047	City; State; Zio Code		**,***,***,**	\$500.00
8 Principal occup	pation / Job title (See Instruction	s)	9 Employer (See In	estructions)	
	ution in-kind contribution for travel out		11 In-kind description	n (if applicable)	
	on(s) traveling on whose behalf to		attach additional pages	if necessary)	
13 Departure city	/ location	14 Departure date	15 Destination city /	location	16 Arrival date
17 Means of trans	sportation	1	18 Purpose of travel		

P.O.Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 10/40 Report: 12/101 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Meyers, W. A. (Mr.) 0000 5 Full name of contributor out-of-state PAC(ID# Amount of Date contribution (\$) Ferguson, Bob 6 Contributor address; City; State; Zip Code \$2,000.00 02/05/2007 21711 FM 1093 Richmond, TX 77469 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 16 Arrival date 13 Departure city / location 14 Departure date 15 Destination city / location 17 Means of transportation 18 Purpose of travel Date 5 Full name of contributor ___ out-of-state PAC(ID#__ Amount of Gay, Dick contribution (\$) 6 Contributor address; City; State: Zip Code 02/05/2007 \$2,000.00 11490 Westheimer # 700 Houston, TX 77077 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 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

1-800-325-8506 Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 11/40 Report: 13/101 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Meyers, W. A. (Mr.) 0000 5 Full name of contributor ☐ out-of-state PAC(ID# Amount of Date contribution (\$) Gibbs, Robert (Mr.) 6 Contributor address: City; State; Zip Code \$250.00 02/05/2007 14222 Golf View Trail Houston, TX 77059 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 14 Departure date 15 Destination city / location 16 Arrival date 13 Departure city / location 17 Means of transportation 18 Purpose of travel 5 Full name of contributor ut-of-state PAC(ID# Amount of Date Gilbert, Kerry contribution (S) 6 Contributor address: City: State: Zip Code 02/05/2007 \$500.00 15810 Park Ten Place # 160 Houston, TX 77084 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 in-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 14 Departure date 15 Destination city / location 16 Arrival date 13 Departure city / location 17 Means of transportation 18 Purpose of travel

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 2 FILER NAME Meyers, W. A. (Mr.)				1 PAGE # Schedule: 12/40 Report: 14/101		
					Ethics Commission filers)	
Date	5 Full name of contributo Gilliam, Lance (Mr.)	or out-of-state PAC(ID#_)		7 Amount of contribution (\$)	
02/05/2007	6 Contributor address; 3003 W. Alabama Houston, TX 77098	City; State; Zip Code			\$1,000.0	
Principal occup	Dation / Job title (See Instruc	tions)	9 Employer (See In	nstructions)		
☐ complete	n-kind contribution for travel boxes 12-18, Otherwise, co	mplete box 11 if applicable.	11 In-kind description			
2 Name of perso	on(s) traveling on whose beh	alf the travel was accepted (attach additional pages	if necessary)		
3 Departure city	/ location	14 Departure date	15 Destination city / location 16 Arrival		16 Arrival date	
17 Means of transportation			18 Purpose of travel			
Date 02/05/2007	Gonzales, Jim	or out-of-state PACtID#_ City; State; Zip Code			7 Amount of contribution (\$) \$1,000.0	
3 Principal occu	pation / Job title (See Instruc	ctions)	9 Employer (See instructions)			
	ution in-kind contribution for travel boxes 12-18. Otherwise, co		11 In-kind description (if applicable)			
12 Name of perso	on(s) traveling on whose beh	aif the travel was accepted	(attach additional pages	s if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city	location	16 Arrival date	
17 Means of tran	sportation		18 Purpose of trave	el		

SCHEDULE A

The Instruction	N Guide explains how to comp	plete this form.		1 PAGE# Schedule: 13/	/40 Report: 15/101			
2 FILER NAME	Meyers, W. A. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000					
4 Date	5 Full name of contributor Greer, Lori & Alan	out-of-state PAC(ID#_)		7 Amount of contribution (\$)			
02/05/2007	6 Contributor address; 2304 Mulberry Ct. Colleyville, TX 76034	City; State; Zip Code	************		\$250.00			
8 Principal occup	pation / Job title (See Instruction	s)	9 Employer (See In	structions)				
	ution n-kind contribution for travel out boxes 12-18, Otherwise, compl		11 in-kind description	n (if applicable)				
12 Name of perso	n(s) traveling on whose behalf t	he travel was accepted (attach additional pages	if necessary)				
13 Departure city	/ location	14 Departure date	15 Destination city /	location	16 Arrival date			
17 Means of trans	17 Means of transportation			18 Purpose of travel				
4 Date	5 Full name of contributor Gubbles, Pat (Mr.)	ut-of-state PAC(ID#_			7 Amount of contribution (\$)			
02/05/2007	6 Contributor address: P.O. Box 1789 Rosenberg, TX 77471	City: State: Zip Code			\$100.00			
8 Principal occup	Loation / Job title (See Instruction	s)	9 Employer (See Instructions)					
	ution n-kind contribution for travel out boxes 12-18. Otherwise, compl		11 In-kind description (if applicable)					
	on(s) traveling on whose behalf t		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						

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 14/40 Report: 16/101 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Meyers, W. A. (Mr.) 0000 Date 5 Full name of contributor out-of-state PAC(ID# Amount of contribution (\$) Haiff Associates State PAC 6 Contributor address; City; State; Zip Code 02/05/2007 \$1,000.00 8616 Northwest Plaza Dr. Dallas, TX 75225 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 14 Departure date 15 Destination city / location 16 Arrival date 13 Departure city / location 18 Purpose of travel 17 Means of transportation 5 Full name of contributor uout-of-state PAC(ID# Date Amount of Halliburton Company PAC contribution (S) 6 Contributor address; City; State; Zip Code 02/05/2007 \$500.00 4100 Clinton Dr. Houston, TX 77020 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 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

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The Instruction	אס Guide explains how to com	plete this form.		1 PAGE# Schedule: 15/	40 Rep	port: 17/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	commission filers)
4 Date	5 Full name of contributor Hamilton, David	ut-of-state PAC(ID#_)			Amount of ontribution (\$)
04/17/2007	6 Contributor address; 14614 Logans Fall Lane Humble, TX 77396	City; State; Zip Code				\$1,000.00
8 Principal occup	Dation / Job title (See Instruction	s)	9 Employer (See In	estructions)		
Complete complete	n-kind contribution for travel out boxes 12-18. Otherwise, compl	ete box 11 if applicable.	11 In-kind descriptio			
12 Name of perso	n(s) traveling on whose behalf t	he travel was accepted (attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation		18 Purpose of travel			
4 Date 02/05/2007	Henriksen, Ron & Sheri	out-of-state PAC(ID#_				Amount of ontribution (3) \$2,000.00
8 Principal occup	Deathon / Job title (See Instruction	s)	9 Employer (See In	nstructions)		
	ution n-kind contribution for travel out boxes 12-18. Otherwise, comp		11 In-kind description	on (if apolicable)		
	on(s) traveling on whose behalf		attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation		18 Purpose of trave	Ī		

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The Instruction	on Guide explains how to comp	plete this form.		1 PAGE # Schedule: 16	/40 Rep	ort: 18/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	ommission filers)
4 Date	5 Full name of contributor Holder, Floyd (Mr.)	ut-of-state PAC(ID#_)			Amount of intribution (\$)
02/05/2007	6 Contributor address: 1 1029 Hwy 6 N. Suite 650 # 10. Houston, TX 77079	City; State; Zip Code 2				\$500.00
8 Principal occup	pation / Job title (See Instructions	s)	9 Employer (See In	structions)		
10 In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	side Texas and ete box 11 if applicable.	11 In-kind descriptio	n (if applicable)		
12 Name of perso	n(s) traveling on whose behalf the	he travel was accepted (attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arnval date
17 Means of trans	ponation		18 Purpose of travel			
4 Date	5 Full name of contributor Jarvis, Steven	uut-of-state PAC(ID#_			1	Amount of ontribution (\$)
02/05/2007	6 Contributor address; 12200 Duncan Rd Houston, TX 77066	City; State; Zip Code				\$1,000.00
8 Principal occur	pation / Job title (See Instruction	ss)	9 Employer (See In	nstructions)		
	ution in-kind contribution for travel out boxes 12-18. Otherwise, compl		11 In-kind description (if applicable)			
12 Name of perso	on(s) traveling on whose behalf t	the Iravel was accepted	(attach additional pages	if necessary)		
13 Departure city	! location	14 Departure date	15 Destination city i	location		16 Arrival date
17 Means of trans	sportation		18 Purpose of travel			L

P.O.Box 12070

SCHEDULE A

				1 PAGE#	
The Instruction Guide explains how to complete this form.					/40 Report: 19/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics Commission filers)
4 Date	5 Full name of contributor Johnson, C. Shane (Mr.)	out-of-state PAC(ID#_			7 Amount of contribution (\$)
02/05/2007	6 Contributor address; 11200 Richmond Ave. # 300 Houston, TX 77082	City; State; Zip Code			\$250.0
8 Principal occup	pation / Job title (See Instruction	ns)	9 Employer (See In	estructions)	
10 In-kind contribu	ution n-kind contribution for travel out boxes 12-18. Otherwise, comp	tside Texas and lete box 11 if applicable.	11 In-kind descriptio	n (if applicable)	
12 Name of perso	n(s) traveling on whose behalf	the travel was accepted	(attach additional pages	if necessary)	
13 Departure city	/ location	14 Departure date	15 Destination city /	location	16 Arrival date
17 Means of trans	portation	.1	18 Purpose of travel		
4 Date	5 Full name of contributor Jones, Bobby	out-of-state PAC/ID#_	1		7 Amount of contribution (\$)
02/05/2007	6 Contributor address: 6335 Gulfton #100 Houston, TX 77081	City; State: Zip Code			\$1,000.0
8 Principal occup	L pation / Job title (See Instruction	ns)	9 Employer (See In	estructions)	L
	ution n-kind contribution for travel out boxes 12-18, Otherwise, comp		11 In-kind descriptio	n (if applicable)	
12 Name of perso	n(s) traveling on whose behalf	the travel was accepted	(attach additional pages	if necessary)	
13 Departure city	location	14 Departure date	15 Destination city /	location	16 Arrival date
17 Means of trans	portation		18 Purpose of travel		
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The INSTRUCT	TION GUIDE explains how to cor	mplete this form.		1 PAGE# Schedule: 18	3/40 Report: 20/101
2 FILER NAME	2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics Commission filers)
4 Date	5 Full name of contributor Kim, Michael (Mr.)	out-of-state PAC(ID#_)		7 Amount of contribution (\$)
04/17/2007	6 Contributor address; 1915 Mission Springs Dr. Katy. TX 77450	City; State; Zip Code	,		\$2,000.00
8 Principal occu	upation / Job title (See Instruction	ons)	9 Employer (See In	estructions)	
☐ complet	in-kind contribution for travel or e boxes 12-18. Otherwise, com	plete box 11 if applicable.			
12 Name of pers	son(s) traveling on whose behalf	the travel was accepted	(attach additional pages	if necessary)	
13 Departure city	y / location	14 Departure date	15 Destination city /	location	16 Arrival date
17 Means of tran	nsportation		18 Purpose of travel		
4 Date 02/05/2007	5 Full name of contributor Ladner, Calvin 6 Contributor address; 2929 Briarpark ≠ 600 Houston, TX 77042				7 Amount of contribution (\$) \$1,000.00
8 Principal occi	upation / Job title (See Instruction	ons)	9 Employer (See In	nstructions)	I
	bution fin-kind contribution for travel or e boxes 12-13. Otherwise, com-		11 In-kind description	n (if applicable)	
12 Name of pers	son(s) traveling on whose behall	the travel was accepted	(attach additional pages	if necessary)	
13 Departure cit	y / location	14 Departure date	15 Destination city /	location	16 Arrival date
17 Means of tran	nsportation		18 Purpose of travel	-	

P.O.Box 12070

SCHEDULE A

The Instruction	N Guide explains how to comp	blete this form.		1 PAGE # Schedule: 19	/40 Rep	port: 21/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	commission filers)
4 Date	5 Full name of contributor [Lapsley, Brent (Mr.)	out-of-state PAC(ID#)			Amount of ontribution (\$)
04/17/2007	6 Contributor address; (2501 Central Parkwy # A-3 Houston, TX 77092	City; State; Zip Code				\$1,000.00
8 Principal occup	pation / Job title (See Instructions	5)	9 Employer (See In	structions)		
	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind descriptio	n (if applicable)		
12 Name of perso	n(s) traveling on whose behalf the	ne travel was accepted (attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	portation	1	18 Purpose of travel			
4 Date	5 Full name of contributor Lofti, Ray (Mr.)	Out-of-state PACitO#				Amount of ontribution (S)
02/05/2007	6 Contributor address; P.O. Box 17234 Sugar Land, TX 77496	City; State: Zip Code	************			\$500.00
8 Principal occup	pation / Job title (See Instructions	s)	9 Employer (See In	nstructions)		
	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 in-kind description (if applicable)			
12 Name of perso	n(s) traveling on whose behalf the	he travel was accepted (attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation		18 Purpose of trave			

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The Instruction	N GUIDE explains how to co	emplete this form.		1 PAGE#		
The Motherian Color September 1				Schedule: 20/40 Report: 22/101		
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics	Commission filers)
4 Date	5 Full name of contributor Maadani, Fariborz	out-of-state PAC(ID#_)		7	Amount of contribution (\$)
02/05/2007	6 Contributor address; 12422 Shadycrest Dr. Houston, TX 77082	City; State; Zip Code	****************			\$250.00
8 Principal occup	pation / Job title (See Instruct	ions)	9 Employer (See In	structions)		
☐ complete	n-kind contribution for travel boxes 12-18. Otherwise, cor	nplete box 11 if applicable.	11 In-kind descriptio			
12 Name of perso	on(s) traveling on whose beha	alf the travel was accepted (attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation		18 Purpose of travel			1
4 Date	5 Full name of contributo Marshall, Joel	r □ out-of-state PAC(ID#_			7	Amount of contribution (S)
02/05/2007	6 Contributor address; PO Box 584 Barker, TX 77413	City; State: Zip Code				\$1,000.00
8 Principal occu	pation / Job title (See Instruc-	ions)	9 Employer (See In	nstructions)	-	
	ution in-kind contribution for travel boxes 12-18. Otherwise, cor		11 In-kind description	n (if applicable)		
12 Name of perso	on(s) traveling on whose behi	alf 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 trave	l		1	

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The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 21/40 Report: 23/101		
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics Commission filers)
4 Date	5 Full name of contributor Marshall, Jon (Mr.)	out-of-state PAC(ID#_)		7 Amount of contribution (S)
02/05/2007	6 Contributor address; P.O. Box 4379 Houston, TX 77210	City; State: Zip Code			\$500.00
8 Principal occup	eation / Job title (See Instruction	ns)	9 Employer (See In	structions)	
10 In-kind contribu	ation n-kind contribution for travel ou boxes 12-18. Otherwise, comp	tside Texas and lete box 11 if applicable.	11 In-kind description	n (if applicable)	
12 Name of perso	n(s) traveling on whose behalf	the travel was accepted (attach additional pages	if necessary)	
13 Departure city	location	14 Departure date	15 Destination city /	location	16 Arrival date
17 Means of trans	portation	1	18 Purpose of travel		
4 Date	5 Full name of contributor Martin, Peyton (Mr.)	Out-of-state PAC(ID#			7 Amount of contribution (S)
02/05/2007	6 Contributor address: 310 Morton Street # 280 Richmond, TX 77469	City: State; Zip Code			\$1,000.00
8 Principal occup	Loation / Job title (See Instruction	ns)	9 Employer (See In	structions)	L.,
	ution n-kind contribution for travel ou boxes 12-18. Otherwise, comp		11 In-kind descriptio	n (if applicable)	
12 Name of perso	n(s) traveling on whose behalf	the travel was accepted	(attach additional pages	if necessary)	
13 Departure city	/ location	14 Departure date	15 Destination city /	location	16 Arrival date
17 Means of trans	sportation		18 Purpose of travel	-	

(512)463-5800 1-800-325-8506 Austin, Texas 78711-2070 P.O.Box 12070 Texas Ethics Commission SCHEDULE A POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 22/40 Report: 24/101 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Meyers, W. A. (Mr.) 0000 Date 5 Full name of contributor out-of-state PAC(ID# Amount of contribution (\$) Maxwell, Troy & Keri 02/05/2007 6 Contributor address: City; State; Zip Code \$250.00 P.O. Box 97 Baker, TX 77413 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 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 Date 5 Full name of contributor Out-of-state PAC(ID# Amount of McCain, Ken contribution (\$) 6 Contributor address; City; State: Zip Code 02/05/2007 \$1,000.00 2501 S. Mason Road Katy. TX 77450 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

11 In-kind description (if applicable)

15 Destination city / location

18 Purpose of travel

Electronic Flling Version

16 Arrival date

10 In-kind contribution

13 Departure city / location

17 Means of transportation

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

14 Departure date

SCHEDULE A

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OTHER	THAN PLEDG	ES OR LOA	NS				
The Instructi	on Guide explains how to com	plete this form.		1 PAGE # Schedule: 23/40 Report: 25/101			
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000			
Date	5 Full name of contributor McCarter, Richard (Mr.)	out-of-state PAC(ID#_)		7 Amount of contribution (\$)		
02/05/2007	6 Contributor address; 5418 Cherry Ridge Rd. Richmond, TX 77469	City; State; Zip Code	Code			\$100.0	
Principal occu	pation / Job title (See Instruction	ns)	9 Employer (See In	estructions)			
	ution in-kind contribution for travel ou boxes 12-18. Otherwise, comp		11 In-kind descriptio	n (if applicable)			
	on(s) traveling on whose behalf		attach additional pages	if necessary)			
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date	
17 Means of tran	sportation	1	18 Purpose of travel				
4 Date 02/05/2007	5 Full name of contributor McDermott, Robert & Kat 6 Contributor address: 6911 Hickory Creek Ln. Dallas, TX 75252					Amount of ontribution (\$) \$1,000.0	
8 Principal occu	Jupation / Job title (See Instruction	ns)	9 Employer (See In	nstructions)	L		
	oution in-kind contribution for travel or e boxes 12-18. Otherwise, com		11 In-kind description	on (if applicable)			
12 Name of pers	on(s) traveling on whose behall	f the travel was accepted	(attach additional pages	if necessary)			
13 Departure cit	y / location	14 Departure date	15 Destination city /	location		16 Amvai date	
17 Means of tran	esportation		18 Purpose of trave	i			

The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 24	MO Per	oort: 26/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000		Commission filers)
4 Date	5 Full name of contributor [McDonough, Ranney	out-of-state PAC(ID#_				Amount of ontribution (\$)
02/05/2007	6 Contributor address; C 5629 Schumacher Houston, TX 77057	City; State: Zip Code				\$500.00
3 Principal occup	Dation / Job title (See Instructions)	9 Employer (See In	structions)		
10 In-kind contrib	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	n (if applicable)		17
	on(s) traveling on whose behalf th		attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation		18 Purpose of travel			
4 Date	5 Full name of contributor [Moody III, Dan (Mr.)	☐ out-of-state PAC(ID#_			7	Amount of ontribution (\$)
02/05/2007	6 Contributor address: 0 3003 W. Alabama Houston, TX 77098	City: State; Zip Code				\$1,000.00
8 Principal occu	pation / Job title (See Instructions	5)	9 Employer (See In	structions)		
	ution in-kind contribution for travel outs boxes 12-18, Otherwise, comple		11 In-kind description	n (if applicable)		
	on(s) traveling on whose behalf the			if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation	1	18 Purpose of travel			

10 In-kind contribution

8 Principal occupation / Job title (See Instructions)

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. \$2,000.00

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 25/40 Report: 27/101 2 FILER NAME Meyers, W. A. (Mr.) 3 ACCOUNT # (Ethics Commission filers) 0000 Date 5 Full name of contributor out-of-state PAC(ID# Amount of contribution (\$) 6 Contributor address: City; State; Zip Code 02/05/2007 10260 Westheimer #460 Houston, TX 77042

13 Departure city	/ location	14 Departure date	15 Destination city / location	16 A	rrival date	
17 Means of transportation		18 Purpose of travel				
4 Date	5 Full name of contributor Newton, Tim (Mr.)	r ☐ out-of-state PAC(ID#_)	7 Amoun contribut		
04/17/2007	6 Contributor address: 4436 Holt Bellaire, TX 77401	City; State; Zip Code	************************		\$125.0	
8 Principal occu	pation / Job title (See Instructi	ions)	9 Employer (See Instructions)		11	
	ution in-kind contribution for travel of boxes 12-18. Otherwise, con		11 In-kind description (if applicable)			
12 Name of person	on(s) traveling on whose beha	alf the travel was accepted	fattach additional pages if necessary)			
13 Departure city	/ location	14 Departure date	15 Destination city / location	16 A	rrival date	

18 Purpose of travel

9 Employer (See Instructions)

11 In-kind description (if applicable)

Electronic Filling Version

17 Means of transportation

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The Instruct	ION GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 26	6/40 Rep	ort: 28/101	
FILER NAME	Meyers. W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	ommission filers)	
1 Date	5 Full name of contributor Othon, William	Out-of-state PAC(ID#_)			7 Amount of contribution (\$)	
02/05/2007	02/05/2007 6 Contributor address: City; State; Zip Code 11111 Wilcrest Green Drive #128 Houston, TX 77042					\$500.00	
B Principal occi	Lupation / Job title (See Instruction	s)	9 Employer (See In	nstructions)	1		
10 In-kind contril Check if	bution in-kind contribution for travel out e boxes 12-18. Otherwise, compl	side Texas and ete box 11 if applicable.	11 In-kind description	n (if applicable)			
12 Name of pers	son(s) traveling on whose behalf t	he travel was accepted (attach additional pages	if necessary)			
13 Departure cit	y / location	14 Departure date	15 Destination city /	location		16 Arrival date	
17 Means of trai	nsportation	1	18 Purpose of travel				
4 Date 01/15/2007	PO Box 34153					Amount of ontribution (\$) \$5,100.00	
8 Principal occ	Houston, TX 77234 upation / Job title (See Instruction	ns)	9 Employer (See II	nstructions)			
	bution f in-kind contribution for travel ou te boxes 12-18, Otherwise, comp		11 In-kind description Homebuilder	on (if applicable)		1-	
	son(s) traveling on whose behalf			if necessary)			
13 Departure di	ry / location	14 Departure date	15 Destination city	location		16 Arrival date	
17 Means of tra	nsportation		18 Purpose of trave	ı			

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The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 27	/40 Rep	ort: 29/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics Co	ommission filers)
4 Date	5 Full name of contributor [Perry, Doylene (Mrs.)	out-of-state PAC(ID#)			Amount of ontribution (\$)
01/15/2007	6 Contributor address; (18630 Barbuda Houston, TX 77058	City; State; Zip Code				\$5,100.00
8 Principal occup	Dation / Job title (See Instructions	5)	9 Employer (See In	estructions)		
	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 in-kind descriptio	n (if applicable)		
12 Name of perso	n(s) traveling on whose behalf the	ne travel was accepted (attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation		18 Purpose of travel		-	
4 Date	5 Full name of contributor Poarch, Donald	out-of-state PAC(ID#_				Amount of ontribution (\$)
02/05/2007	6 Contributor address: P.O. Box 19129 Houston, TX 77224	City; State: Zip Code				\$250.00
8 Principal occu	Dation / Job little (See Instructions	s)	9 Employer (See In	nstructions)		
	ution in-kind contribution for travel outs boxes 12-18. Otherwise, compli		11 In-kind description	on (if applicable)		
	on(s) traveling on whose behalf to		attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation		18 Purpose of trave	ı		

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The Instruction	N GUIDE explains how to compl	ete this form.		1 PAGE # Schedule: 28/	40 Rep	ort: 30/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	ommission filers)
4 Date 02/05/2007	Raba-Kistner PAC	out-of-state PAC(ID#)			Amount of Intribution (\$) \$250.00
8 Principal occup	ation / Job title (See Instructions)	9 Employer (See in	estructions)		
Li complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose benalf th	te box 11 if applicable.	11 In-kind descriptio			
13 Departure city	location	14 Departure date	15 Destination city i	location		16 Arrival date
		18 Purpose of travel				
17 Means of trans	portation		18 Purpose of travel			
4 Date 02/05/2007	5 Full name of contributor [Ramsey, Tom 6 Contributor address; 1410 Mustang Lake Court Richmond, TX 77469	out-of-state PAC(ID#				Amount of intribution (\$)
8 Principal occup	Lation / Job title (See Instructions)	9 Employer (See in	nstructions)		
	ution n-kınd contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	n (if applicable)		
12 Name of perso	n(s) traveling on whose behalf th	e travel was accepted (attach additional pages	if necessary)		
13 Departure city	location	14 Departure date	15 Destination city /	location		16 Amval date
17 Means of trans	portation		18 Purpose of travel			

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The Instruction	NON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 29	/40 Rep	ort: 31/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	ommission filers)
4 Date 02/05/2007	5 Full name of contributor Ratnala, Balwanthrao (Mr.) 6 Contributor address; 18815 Windsor Lakes Dr. Houston, TX 77094					Amount of ontribution (\$) \$250.00
8 Principal occu	pation / Job title (See Instruction	s)	9 Employer (See In	estructions)		
☐ complete	in-kind contribution for travel out boxes 12-18. Otherwise, compl on(s) traveling on whose behalf t	ete box 11 if applicable.	11 In-kind descriptio			
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of tran	sportation		18 Purpose of travel			1
4 Date 02/05/2007	Ross, Jeff (Mr.)	□ out-of-state PAC(ID#_		********	1	Amount of patinbution (\$) \$500.00
8 Principal occu	pation / Job title (See Instruction	s)	9 Employer (See In	nstructions)	1	
10 In-kind contrib	oution in-kind contribution for travel out e boxes 12-18. Otherwise, compl	side Texas and ete box 11 if applicable.	11 In-kind description	on (if applicable)		
12 Name of pers	on(s) traveling on whose behalf	he travei was accepted	(attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of tran	esportation		18 Purpose of trave	I		

The Instruction	The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE# Schedule: 30/40 Report: 32/101			
FILER NAME	FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000			
Date	5 Full name of contributor [Sabouni, Lina (Mrs.)	ame of contributor			7 Amount of contribution (\$)		
02/05/2007	6 Contributor address; 0 6200 Savoy # 100 Houston, TX 77036	5200 Savoy # 100				\$250.00	
Principal occup	pation / Job title (See Instructions)	9 Employer (See In	nstructions)			
0 In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and ite box 11 if applicable.	11 In-kind description	n (if applicable)			
	n(s) traveling on whose behalf th		attach additional pages	if necessary)			
3 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date	
7 Means of trans	sportation		18 Purpose of trave	ī			
Date 02/05/2007	5018 Berkshire Ct.	out-of-state PAC(1D#_				Amount of ntribution (\$) \$250.0	
Principal occu	Sugar Land, TX 77479 upation / Job title (See Instruction	s)	9 Employer (Sec	(nstructions)	1		
1 samplat	in-kind contribution for travel ou	iele cox i i il applicable.	11 In-kind descripti				
12 Name of pen	son(s) traveling on whose behalf	the travel was accepted	(attach additional page	es if necessary)			
13 Departure ci	ty / location	14 Departure date	15 Destination city	/ location		16 Arrival data	
17 Means of tra	ansportation		18 Purpose of tra	vel			

SCHEDULE A

The Instruction Guide explains how to complete this form. 2 FILER NAME Meyers, W. A. (Mr.)				/40 Ren	ort: 33/101			
			Schedule: 31/40 Report: 33/101 3 ACCOUNT # (Ethics Commission filer: 0000					
Date 02/05/2007	5 Full name of contributor Saour, Saib (Mr.) 6 Contributor address; Cit 2401 Fountainview # 226 Houston, TX 77057					7 Amount of contribution (\$) \$1,000.0		
Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)					
în-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)					
! Name of perso	n(s) traveling on whose benalf the	travel was accepted (a	attach additional pages	f necessary)				
3 Departure city	Departure city / location 14 Departure date 15 Destination of			city / location 16 Arriv				
7 Means of transportation			18 Purpose of travel					
Date 02/05/2007	Shah, Dinesh (Mr.)	out-of-state PAC(ID#_ ty; State; Zip Code				7 Amount of contribution (\$) \$250.		
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)					
2 Name of person	on(s) traveling on whose behalf the	travel was accepted (attach additional pages	if necessary)				
3 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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P.O.Box 12070

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 32/40 Report: 34/101 2 FILER NAME Meyers, W. A. (Mr.) 3 ACCOUNT # (Ethics Commission filers) 0000 Date 5 Full name of contributor ☐ out-of-state PAC(ID#_ Amount of Showalter, David (Mr.) contribution (\$) 02/05/2007 6 Contributor address: City; State; Zip Code \$1,000.00 1121 FM 359 Richmond, TX 77469 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 14 Departure date 13 Departure city / location 15 Destination city / location 16 Arrival date 17 Means of transportation 18 Purpose of travel 5 Full name of contributor ☐ out-of-state PAC(ID#_ Amount of contribution (S) Smith III, Neison 6 Contributor address: City; State; Zio Code \$500.00 02/05/2007 6919 Soledad Houston, TX 77083 8 Principal occupation / Job title (See instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 in-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 15 Destination city / location 16 Arrival date 14 Departure date 13 Departure city / location 18 Purpose of travel 17 Means of transportation

P.O.Box 12070

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 33/40 Report: 35/101					
FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000				
Date	5 Full name of contributor out-of-state PAC(ID#) Sparks, Randy (Mr.)			7 Amount of contribution (\$)				
02/05/2007	5/2007 6 Contributor address; City; State: Zip Code 21020 Park Row Katy, TX 77449			\$1,000				
Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)					
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)					
2 Name of perso	on(s) traveling on whose behalf	the travel was accepted (attach additional pages	if necessary)				
3 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date		
7 Means of trans	soortation		18 Purpose of trave			1		
Date 02/05/2007	5 Full name of contributor Spinks, Melvin 6 Contributor address, 11821 Telge Rd. Houston, TX 77042		contribution (\$)					
Principal occu	Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)				
Complete	in-kind contribution for travel ou e boxes 12-18. Otherwise, comp	plete box 11 if applicable.						
2 Name of person(s) traveling on whose behalf the travel was accepted 13 Departure city / location 14 Departure date		15 Destination city / location			16 Arrival date			
		18 Durness of trave	18 Purpose of travel					
17 Means of transportation		16 Pulpuse of Bave	4					

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Texas Ethics Cor	mmission P.O.Box 12	2070 Austin	, Texas 78711-2070	(512)463	3-5800	1-800-325-8506		
	CAL CONTRIBU THAN PLEDGE		NS		s	CHEDULE A		
The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 34/40 Report: 36/101				
2 FILER NAME	2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000				
4 Date	5 Full name of contributor [Stanley, Stan (Mr.)				7 Amount of contribution (\$)			
02/05/2007	6 Contributor address; City; State; Zip Code 24611 Stoughton Court Katy, TX 77449					\$100.00		
8 Principal occu	Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)				
	oution in-kind contribution for travel outs a boxes 12-18. Otherwise, comple	11 In-kind description (if applicable)						
12 Name of person	on(s) traveling on whose behalf th	e travel was accepted (attach additional pages	if necessary)				
13 Departure city	3 Departure city / location 14 Departure date		15 Destination city / location 16 A			16 Arrival date		
17 Means of tran	17 Means of transportation			18 Purpose of travel				
4 Date	5 Full name of contributor (Staudt, Thomas (Mr.)	out-of-state PAC(ID#	1)			Amount of ontribution (\$)		
02/05/2007	6 Contributor address: (2627 North Loop West # 224 Houston, TX 77079				\$500.00			
8 Principal occu	upation / Job title (See Instructions	5)	9 Employer (See In	nstructions)	2			
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 pers	son(s) traveling on whose behalf the	ne travel was accepted	attach additional pages	if necessary)				
13 Departure city	13 Departure city / location 14 Departure c		15 Destination city /	15 Destination city / location		16 Arrival date		
17 Means of transportation			18 Purpose of trave	I				

Electronic Filing Version

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 35/40 Report: 37/101 2 FILER NAME Meyers, W. A. (Mr.) 3 ACCOUNT # (Ethics Commission filers) 0000 5 Full name of contributor out-of-state PAC(ID#_ Date Amount of Steffek, Keith & Jonnie contribution (\$) 02/05/2007 6 Contributor address; City; State; Zip Code \$250.00 26811 Willow Ln. Katy, TX 77494 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 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 5 Full name of contributor out-of-state PAC(ID# Date Amount of contribution (\$) Stone, Travis (Mr.) 02/05/2007 6 Contributor address; City; State; Zip Code \$1,000.00 10235 W. Little York # 300 Houston, TX 77040 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 14 Departure date 15 Destination city / location 16 Arrival date 13 Departure city / location 18 Purpose of travel 17 Means of transportation

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE # The INSTRUCTION GUIDE explains how to complete this form. Schedule: 36/40 Report: 38/101 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Meyers, W. A. (Mr.) 0000 Date 5 Full name of contributor Out-of-state PAC(ID# Amount of Stout, Bob (Mr.) contribution (\$) 02/05/2007 6 Contributor address; City; State; Zip Code \$250.00 40410 Drake # 111 Houston, TX 77005 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18, Otherwise, complete box 11 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 Date 5 Full name of contributor ☐ out-of-state PAC(ID# Amount of contribution (\$) Sutton, Charles (Mr.) 6 Contributor address: City: State: Zip Code \$1,000.00 04/17/2007 512 S. Seventh Street Richmond, TX 77469 8 Principal occupation i Job title (See instructions) 9 Employer (See instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 16 Arrival date 13 Departure city / location 14 Departure date 15 Destination city / location 18 Purpose of travei 17 Means of transportation

P.O.Box 12070

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The Instruction	N Guide explains how to com	plete this form.		1 PAGE#			
1110 1110111001101				Schedule: 37	/40 Rep	ort: 39/101	
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	ommission filers)	
4 Date	5 Full name of contributor Swinbank, Joe	out-of-state PAC(ID#_)			Amount of ontribution (\$)	
02/05/2007	6 Contributor address; PO Box 19129 Houston, TX 77224	City; State; Zip Code				\$250.00	
8 Principal occup	ation / Job title (See Instruction	ns)	9 Employer (See In	nstructions)			
	n-kind contribution for travel ou boxes 12-18. Otherwise, comp		11 In-kind description	on (if applicable)			
12 Name of person	n(s) traveling on whose behalf	the travel was accepted (attach additional pages	if necessary)			
3 Departure city / location 14 Departure date			15 Destination city	location		16 Arrival date	
17 Means of trans	portation		18 Purpose of trave	I		L	
4 Date	5 Full name of contributor TCS Fund	□ out-of-state PAC(ID#_)		1	Amount of ontribution (\$)	
02/05/2007	6 Contributor address; 3300 S. Gessner # 100 Houston, TX 77063	City; State: Zip Code				\$2,000.00	
8 Principal occup	pation / Job title (See Instruction	ons)	9 Employer (See !	nstructions)			
10 In-kind contribu	ution n-kind contribution for travel or boxes 12-18. Otherwise, com	utside Texas and plete box 11 if applicable.	11 In-kind description (if applicable)				
12 Name of perso	on(s) traveling on whose behalf	f the travel was accepted	(attach additional page	s if necessary)			
13 Departure city	/ location	14 Departure date	15 Destination city	/ location		16 Arrival date	
17 Means of trans	17 Means of transportation			18 Purpose of travel			
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Electronic Filing Version

SCHEDULE A

The Instruction	ON GUIDE explains how to c	omplete this form.		1 PAGE# Schedule: 38	/40 Report: 40/101	
2 FILER NAME	Meyers, W. A. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000			
4 Date	5 Full name of contributor Thompson, Ben	or out-of-state PAC(ID#_)		7 Amount of contribution (\$)	
02/05/2007	02/05/2007 6 Contributor address; City; State; Zip Code 10497 Town & Country Way # 550 Houston, TX 77024				\$1,000.00	
8 Principal occup	pation / Job title (See Instruct	tions)	9 Employer (See In	structions)		
	n-kind contribution for travel	outside Texas and mplete box 11 if applicable.	11 In-kind description	n (if applicable)		
12 Name of perso	n(s) traveling on whose behi	alf the travel was accepted	attach additional pages	if necessary)		
13 Departure city	13 Departure city / location 14 Departure date			location	16 Arrival date	
17 Means of trans	portation		18 Purpose of travel			
4 Date 5 Full name of contributor ☐ out-of-state PAC(ID#_Turner, Collie & Braden PAC 02/05/2007 6 Contributor address; City: State: Zip Code PO Box 130089					7 Amount of contribution (\$) \$1,000.00	
8 Principal occur	Houston, TX 77219 pation / Job title (See Instruc	tions)	9 Employer (See In	nstructions)		
10 In-kind contribu	n-kind contribution for travel	outside Texas and mplete box 11 if applicable.	11 In-kind description (if applicable)			
		alf the travel was accepted		if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location	16 Arrival date	
17 Means of trans	17 Means of transportation			T		

Texas Ethics Commission

SCHEDULE A

The Instruction	אס Guide explains how to comp	lete this form.		1 PAGE # Schedule: 39	/40 Rep	ort: 41/101
2 FILER NAME	Meyers, W. A. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000			
4 Date	5 Full name of contributor [Van De Wiele, John (Mr.)	out-of-state PAC(ID#_	7 Amount of contribution (\$)			
04/17/2007	04/17/2007 6 Contributor address; City; State; Zip Code 1715 Mossy Stone Drive Houston, TX 77077					\$2,000.00
8 Principal occup	Dation / Job title (See Instructions	9 Employer (See In	estructions)			
	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	n (if applicable)		
12 Name of perso	n(s) traveling on whose behalf the	ne travel was accepted (attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city / location			16 Arrival date
17 Means of trans	17 Means of transportation					1
4 Date 02/05/2007	5 Full name of contributor Ventana Development Part 6 Contributor address; Route 2 Box 200C Bay City, TX 77414				1	Amount of ontribution (\$) \$1,000.00
8 Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions)			
10 In-kind contrib Check if complete	ution in-kind contribution for travel out boxes 12-18, Otherwise, compl	side Texas and ete box 11 if applicable.	11 In-kind description	on (if applicable)		
12 Name of person	on(s) traveling on whose behalf to	he 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 tran	17 Means of transportation			1		

Electronic Filing Version

SCHEDULE A

	The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 40	/40 Rep	port: 42/101
2	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4	Date	5 Full name of contributor White, Bobby (Mr.)	ut-of-state PAC(ID#_				Amount of ontribution (\$)
	02/05/2007	6 Contributor address: 1710 Seamist Dr. Houston, TX 77008	City; State; Zip Code	\$1,00			
8	Principal occup	pation / Job title (See Instruction	s)	9 Employer (See In	structions)		
10		ution n-kind contribution for travel out boxes 12-18, Otherwise, compl		11 in-kind description	n (if applicable)		
12	2 Name of perso	n(s) traveling on whose behalf t	he travel was accepted (attach additional pages	if necessary)		
13	3 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17	7 Means of trans	portation		18 Purpose of travel			1
4	Date	5 Full name of contributor Wong, Daniel	ut-of-state PAC(ID#_	7 Amount of contribution (\$)			
	02/05/2007	6 Contributor address: 4506 Colony Glen Ct. Sugar Land, TX 77479	City: State; Zip Code				\$500.00
8	Principal occup	pation / Job title (See instruction	is)	9 Employer (See Instructions)			
1		ution in-kind contribution for travel out boxes 12-18. Otherwise, comp		11 In-kind description (if applicable)			
1:	2 Name of perso	on(s) traveling on whose behalf	he travel was accepted (attach additional pages	if necessary)		
1	3 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
1	17 Means of transportation			18 Purpose of trave			
The state of the s							

The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 1/3	2 Repo	ort: 43/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics Co	ommission filers)
4 Date 06/23/2007	5 Payee name Bill Heard Chevrolet 6 Payee address; 13115 Southwest Frwy Sugar Land, TX 77478				7	Amount (\$) \$500.00
Use of perso Reimburse C	yment ons regarding type of information onal vehicle for campaign/off OOH per Schedules G or travel outside Texas (completen(s) traveling on whose behalf	te boxes 10-16)	Office sought:	lder name:		idate/Officeholder **
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	sportation	I	16 Purpose of travel			L
4 Date 04/25/2007	5 Payee name Bisopia 6 Payee address; 1011 Highway 6 S. #3 Houston, TX 77077			**********	7	Amount (\$) \$199.99
Campaign W	ons regarding type of information Web Site Hosting Expense for travel outside Texas (comple	ite boxes 10-16)	Office sought: Office held:			lidate/Officeholder
10 Name of perso	on(s) traveling on whose behalf	the expenditure for trave	el was made (attach addi	itional pages if necess	ary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	15 Means of transportation			I		L

The Instruction	ON GUIDE explains how to comp	lete this form.	1 PAGE # Schedule: 2/32 Report: 44/101			ort: 44/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers 0000		
4 Date	5 Payee name Bisopia				7	Amount (\$)
05/02/2007	6 Payee address: C 1011 Highway 6 S. # 32 Houston, TX 77077	City; State; Zip Code				\$19.99
	yment ons regarding type of information leb Site Hosting Expense	required.)	9 ** Complete if direct Candidate / Officeho		L efit Cand	idate/Officeholder **
☐ Payment 5	or travel outside Texas (complete	poxes 10-16)	Office held:			
	on(s) traveling on whose behalf tr		was made (attach addit	tional pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city /		14 Arrival date	
15 Means of trans	sportation		16 Purpose of travel			
4 Date	5 Payee name Brazos Vailey Schools	Credit Union			7	Amount (\$)
04/10/2007	6 Payee address: (1116 Soldiers Field Dr. Sugar Land, TX 77479		* * * * * * * * * * * * * * * * * * *			\$244.32
Use of perso	layment ons regarding type of information onal vehicle for campaign/offic eimbursement current/prior S	ce	9 · · Complete if direct Candidate / Officeho		L erit Cano	tidate/Officeholder **
	for travel outside Texas (complet		Office held:			
10 Name of person	on(s) traveling on whose behalf to	he expenditure for trave	l was made (attach addi	tional pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city i	location		14 Arrival date
15 Means of transportation		16 Purpose of travel				

P.O.Box 12070

The INSTRUCTION	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 3/32 F	Report: 45/101		
2 FILER NAME	Meyers, W. A. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000				
4 Date 05/15/2007	5 Payee name Brazos Valley Schools (6 Payee address; C 1116 Soldiers Field Dr. Sugar Land, TX 77479	City; State; Zip Code		7	Amount (\$) \$322.00		
Use of perso purposes/Re	yment ins regarding type of information inal vehicle for campaign/offic imbursement current/prior Sc or travel outside Texas (complete in(s) traveling on whose behalf th	chedules G e boxes 10-16)	Office sought:	ider name:	Candidate/Officeholder **		
11 Departure city	/ location	12 Departure date	13 Destination city / location 14 Arrival date				
15 Means of trans	portation	1	16 Purpose of travel				
4 Date 06/10/2007	5 Payee name Brazos Valley Schools 6 Payee address; (0 1116 Soldiers Field Dr. Sugar Land, TX 77479	City: State; Zip Code	······································		Amount (\$) \$322.00		
Use of person purposes/Re	hyment one regarding type of information onal vehicle for campaign/officeimbursement current/prior Selection of travel outside Texas (completion(s) traveling on whose behalf the	ce chedules G e boxes 10-16)	Office sought:	lder name:	Candidate/Officeholder **		
11 Departure city	-1 location	12 Departure date	13 Destination city /	13 Destination city / location			
15' Means of tran	sportation		16 Purpose of travel				

Austin, Texas 78711-2070

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1-800-325-8506

POLITI	CAL EXPENDIT	URES			SCHEDULE F
The Instruction	ON GUIDE explains how to comp	olete this form.		1 PAGE# Schedule: 4/32	Report: 46/101
2 FILER NAME	Meyers, W. A. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date	5 Payee name Chase			Amount (\$)	
01/05/2007	6 Payee address; P.O. Box 52045 Phoenix, AZ 85072	City; State; Zip Code			\$2,000.00
Reimbursem campaign/of	lyment ons regarding type of information nent to C/OH for xpenditures fice on current & prilor period for travel outside Texas (complet on(s) traveling on whose benalf t	for I Schedules G e boxes 10-16)	Office sought:	lder name:	Candidate/Officeholder · · ·
1 Departure city	/ location	12 Departure date	13 Destination city i	location	14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date 03/08/2007	5 Payee name Chase 6 Payee address; P.O. Box 52045 Phoenix, AZ 85072	City; State; Zip Code			Amount (\$) \$900.00
Reimbursen current & pr	ayment ons regarding type of information nent to C/OH for campaign/o iior period Schedules G net for travel outside Texas (comple on(s) traveling on whose behalf	ffice expense on te boxes 10-16)	Office sought: Office held:	older name:	Candidate/Officeholder *** (Candidate/Officeholder *** (Candidate/Officeholder *** (Candidate/Officeholder ***
11 Departure city	y i location	12 Departure date	13 Destination city /	location	14 Arrival date
15 Means of transportation			16 Purpose of travel		
	- Integraph of the second				

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F PAGE # The INSTRUCTION GUIDE explains how to complete this form. Schedule: 5/32 Report: 47/101 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Meyers, W. A. (Mr.) 0000 4 Date Payee name Amount Chase (\$) 06/18/2007 \$416.39 6 Payee address; City; State: Zip Code P.O. Box 52045 Phoenix, AZ 85072 Purpose of payment 9 . Complete if direct expenditure to benefit Candidate/Officeholder . . (See instructions regarding type of information required.) Candidate / Officeholder name: Reimbursement to C/OH for campaign/office expense on current & priior period Schedules G net 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 travei Date 5 Payee name Amount Exxon/Mobil Oil (3) 02/08/2007 \$321.00 6 Payee address; City; State; Zip Code P.O. Box 768911 Roswell, GA 30078-8911 8 Purpose of payment 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · (See instructions regarding type of information required.) Candidate / Officeholder name: Expenses - Campaign Manager vehichle & other for services per agreement. 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

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POLITI	CAL EXPENDIT	URES		(312)40.		CHEDULE F
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 6/3:	2 Repo	ort: 48/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filer 0000		
4 Date	5 Payee name Exxon/Mobil Oil				7	Amount (\$)
05/21/2007	6 Payee address; C P.O. Box 768911 Roswell, GA 30078-89	City: State; Zip Code				\$234.00
Expenses - (services per	ons regarding type of information Campaign Manager vehichle	& other for	9 ** Complete if direct Candidate / Officeho Office sought: Office held:		Lefit Cand	idate/Officeholder **
10 Name of person	on(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addit	ional pages if necess	sary)	
11 Departure city	/ location	13 Destination city / location 14 Arrival date			14 Arrival date	
15 Means of trans	sportation	1	16 Purpose of travel			
4 Date	5 Payee name Exxon/Mobil Oil		7 Amount (\$)			
06/17/2007	6 Payee address; (P.O. Box 768911 Roswell, GA 30078-89	City; State; Zip Code				\$300.00
Expenses - services per	syment ons regarding type of information Campaign Manager vehichle agreement.	& other for	9 · · Complete if direct Candidate / Officehold Office sought:		efit Cand	idate/Officeholder **
10 Name of pers	on(s) traveling on whose behalf the	ne expenditure for trave	I was made (attach addi	tional pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation			16 Purpose of travel			1
			1			

POLITI	CAL EXPENDIT	URES			S	CHEDULE F
The Instructi	ON GUIDE explains how to comp	olete this form.	1 PAGE # Schedule: 7/32 Report: 49/101			ort: 49/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000		ommission filers)
4 Date 01/08/2007	5 Payee name FIA Credit Card 6 Payee address; (P.O. Box 15286 Wilmington, DE 19886	City; State; Zip Code)		7	Amount (\$) \$3,000.00
Reimbursem current & pri	lyment ons regarding type of information nent of expenditures for camp or period Schedules G for travel outside Texas (completents) traveling on whose behalf the	e boxes 10-16)	Office sought:	lder name:		idate/Officeholder **
11 Departure city	location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of tran	sportation	1	16 Purpose of travel			
4 Date 06/28/2007	5 Payee name Fort Bend Corp 6 Payee address; 1811 Eldridge Road Sugar Land, TX 77478	City; State; Zip Code			7	Amount (\$) \$150.00
Donation to	ayment ons regarding type of information Charity/Service Organization for travel outside Texas (complet on(s) traveling on whose behalf the content of the c	e boxes 10-16)	Office sought: Office held:	older name:		idate/Officenoider **
11 Departure city	//location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of tran	15 Means of transportation			16 Purpose of travel		

The Instruction	ON GUIDE explains how to co	mplete this form.		2 Report: 50/101		
FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# (5	(Ethics Commission filers)	
Date	5 Payee name Fort Bend Republica	n Club			7 Amount (\$)	
03/18/2007	6 Payee address; 130 Industrial Blvd. # Sugar Land, TX 774				\$750.00	
	I lyrnent ons regarding type of informat Club Speaker	ion required.)	9 · · Complete if direction Candidate / Officer		it Candidate/Officeholder	
Payment f	for travel cutside Texas (comp	lete boxes 10-16)	Office sought: Office held:			
Name of person	on(s) traveling on whose beha	If the expenditure for trave	i was made (attach ad	ditional pages if necessa	ary)	
1 Departure city	/ location	12 Departure date	13 Destination city / location		14 Arrival date	
5 Means of trans	sportation		16 Purpose of trav	el		
1 Date	5 Payee name Fort Bend Republica	n Party		despite an annual property of the second	7 Amount (S)	
02/09/2007	6 Payee address; 310 Morton PMB 14 Richmond, TX 7746		***************************************		\$2,500.00	
	ayment ons regarding type of informat for Republican Party Linc		9 · · Complete if dir Candidate / Officel	ect expenditure to benei nolder name:	it Candidate/Officeholder *	
			Office sought:			
	for travel outside Texas (compon(s) traveling on whose behavior		Office held:	ditional pages if pages	2001	
10 Name of pers	onts) traveling off whose bene	an the expenditure for trave	i was made (attach ad	utional pages il necesso	шуј	
11 Departure city	y / location	12 Departure date	te 13 Destination city / location 14 Arrival d			
15 Means of transportation		16 Purpose of travel				

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The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 9/32	2 Repo	rt: 51/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date	5 Payee name Katy Chamber of Comm	nerce			7	Amount (\$)
03/20/2007	6 Payee address; C 2501 S. Mason Rd # 23 Katy, TX 77450					\$127.00
	yment ons regarding type of information er of Commerce Event	required.)	9 · · Complete if direct Candidate / Officeho		fit Candi	date/Officeholder **
Payment for travel cutside Texas (complete boxes 10-16)			Office sought: Office held:			
Control of the control	on(s) traveling on whose behalf th		i was made (attach addit	ional pages if necess	ary)	
11 Departure city	: location	12 Departure date	13 Destination city / location			14 Arrival date
15 Means of trans	sportation	1	16 Purpose of travel			
4 Date 02/02/2007	5 Payee name Katy Exchange Club 6 Payee address; P.O. Box 136 Baker, TX 77413	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		7	Amount (\$) \$200.00
	ayment ons regarding type of information ent with Service Club	required.)	9 · · Complete if direct Candidate / Officeho		eiit Candi	idate/Officahoider
☐ Payment	for travel outside Texas (complet	e boxes 10-16)	Office sought: Office held:			
10 Name of person	on(s) traveling on whose behalf t	he expenditure for trave	l was made (attach addi	tional pages if necess	sary)	
11 Departure city	/ / location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation		16 Purpose of trave				
			1			

P.O.Box 12070

The Instruction	on Guide explains how to com	plete this form.		1 PAGE # Schedule: 10/	32 Rep	oort; 52/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	commission filers)
4 Date 02/18/2007	Katy Exchange Club				7	Amount (\$) \$200.00
	lyment ons regarding type of information ant with Service Club	n required.)	9 · · Complete if direct Candidate / Officehol Office sought:		efit Cand	idate/Officeholder **
	for travel outside Texas (comple on(s) traveling on whose behalf		Office held: was made (attach addit	ional pages if neces	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city /		14 Arrival date	
T. Departure only	riodatori	3394.13.0 34.0	To destination dry		14 minar date	
15 Means of trans	sportation		16 Purpose of travel			
4 Date 02/24/2007	5 Payee name Katy ISD FFA 6 Payee address: P.O. Box 159 Katy, TX 77492-0159	City; State; Zip Code			7	Amount (\$) \$500.00
Donation to	ons regarding type of informatio		9 · · Complete if direct Candidate / Officeho Office sought: Office held:		Ieefit Cand	didate/Officeholder * *
10 Name of pers	on(s) traveling on whose behalf	the expenditure for trave	I was made (attach addit	tional pages if neces	sary)	
11 Departure city	y / location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation		16 Purpose of travel				
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POLITI	POLITICAL EXPENDITURES					SCHEDULE F		
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 11/3	32 Rep	port: 53/101		
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	Commission filers)		
4 Date	5 Payee name Katy ISD FFA				7	7 Amount (\$)		
04/26/2007	6 Payee address; C P.O. Box 159 Katy, TX 77492-0159	City; State; Zip Code				\$2,134.80		
Purpose of payment (See instructions regarding type of information required.) Donation to High School FFA Scholarship Fund			9 ** Complete if direct Candidate / Officeho		fit Cand	lidate/Cfficeholder **		
Payment for travel outside Taxas (complete boxes 10-16)			Office held:					
10 Name of perso	on(s) traveling on whose benalf the	ne expenditure for travel	was made (attach addi	tional pages if necess	ary)			
11 Departure city	/ location	12 Departure date	13 Destination city / location			14 Arrival date		
15 Means of trans	15 Means of transportation					I,		
4 Date	5 Payee name Lamar Little League		-		7	Amount (\$)		
03/07/2007	6 Payee address: George Memorial Park Richmond, TX 77469	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	*************		\$50.00		
	Ayment ons regarding type of information Little League Organization	required.)	9 ** Complete if direct Candidate / Officeho		L efit Cand	tidate/Officeholder		
			Office sought:					
☐ Payment	for travel outside Texas (complet	e boxes 10-16)	Office held:					
10 Name of person	on(s) traveling on whose behalf t	he expenditure for trave	was made (attach addi	itional pages if necess	ary)			
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date		
15 Means of transportation		16 Purpose of trave	ı					
	100		1					

The Instructi	ON GUIDE explains how to comp	plete this form.		1 PAGE # Schedule: 12/3	2 Rep	ort; 54/101	
FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission 0000			
Date	5 Payee name Meyers, Michael (Mr.)				7 Amount (\$) \$520.0		
04/08/2007	6 Payee address; City; State; Zip Code 7222 Belerive # 2505 Houston, TX 77036						
Purpose of payment (See instructions regarding type of information required.) Campaign Manager Services			9 ** Complete if direct Candidate / Officeho	ot expenditure to bene older name:	fit Candi	date/Officeholder	
Payment for travel outside Texas (complete boxes 10-16)			Office held:				
Name of person	on(s) traveling on whose behalf t	he expenditure for travel	was made (attach addi	tional pages if necess	ary)		
1 Departure city	/ location	12 Departure date	13 Destination city / location			14 Arrival date	
5 Means of Iran	sportation	L	16 Purpose of trave				
Date	5 Payee name Meyers, Michael (Mr.)				7	Amount (\$)	
	6 Payee address; 7222 Belerive # 2505 Houston, TX 77036	City; State; Zip Code				\$450.00	
05/04/2007	Purpose of payment (See instructions regarding type of information required.) Campaign Manager Services			ct expenditure to bene older name:	fit Candi	idate/Officeholder *	
Purpose of pa	ons regarding type of information	required.)			Office sought: Office held:		
Purpose of pa (See instructi Campaign M	ons regarding type of information						
Purpose of pa (See instructi Campaign M	ons regarding type of information flanager Services	e boxes 10-16)	Office held:	tional pages if necess	ary)		
Purpose of pr (See instructi Campaign M	ons regarding type of information flanager Services for travel outside Texas (comple on(s) traveling on whose behalf	e boxes 10-16)	Office held:		ary)	14 Arrival date	

P.O.Box 12070

The Instruction	ON GUIDE explains how to con	mplete this form.		1 PAGE# Schedule: 13/3	2 Report: 55/101	
! FILER NAME	Meyers, W. A. (Mr.)	or a second seco		3 ACCOUNT # (Ethics Commission filers) 0000		
Date	5 Payee name Meyers, Michael (Mr.)			7 Amount (\$)	
06/09/2007	6 Payee address; 7222 Belerive # 2505 Houston, TX 77036	City; State; Zip Code			\$250.0	
	I lyment ons regarding type of informati lanager Services	on required.)	9 · · Complete if direct Candidate / Officeho		īit Candidate/Officeholder	
			Office sought:			
Payment for travel outside Texas (complete boxes 10-16)			Office held:			
Name of person	on(s) traveling on whose beha	If the expenditure for travel	was made (attach addi	tional pages if necessa	ery)	
1 Departure city	/ location	12 Departure date	13 Destination city /	14 Arrival date		
15 Means of trans	sportation		16 Purpose of travel		1	
Date 06/29/2007	5 Payee name Meyers, W. A. (Mr.) 6 Payee address; 423 Longview Drive Sugar Land, TX 774	City; State; Zip Code			7 Amount (\$) \$240.0	
	ayment ons regarding type of informat C/OH for campaign expend		Candidate / Officeho		fit Candidate/Officeholder	
□ Payment	for travel outside Texas (comp	Nete boxes 10-16)	Office sought: Office held:			
	on(s) traveling on whose beha		I was made (attach add	itional pages if necess.	ary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location	14 Arrival date	
15 Means of transportation			16 Purpose of trave	l		

Austin, Texas 78711-2070 Texas Ethics Commission P.O.Box 12070 POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 14/32 Report: 56/101 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Meyers, W. A. (Mr.) 0000 Date Pavee name Amount MPrinting Graphic (\$) 01/24/2007 \$2,000.00 City; State; Zip Code 6 Payee address; 3902 E. Wisteria Sugar Land, TX 77479 Purpose of payment 9 · · Complete if direct expenditure to benefit Candidate/Officeholder (See instructions regarding type of information required.) Candidate / Officeholder name: Advertisement Republican Party Liincoin Day Event 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) 12 Departure date 13 Destination city / location 14 Arrival date 11 Departure city / location 15 Means of transportation 16 Purpose of travel Date Payee name Amount MPrinting Graphic (\$) 03/29/2007 \$1,764.48 6 Payee address; City; State; Zip Code 3902 E. Wisteria Sugar Land, TX 77479 8 Purpose of payment 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · (See instructions regarding type of information required.) Candidate / Officeholder name: Printing of www.AndyMeyers.com signs advertising web site 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) 12 Departure date 11 Departure city / location 13 Destination city / location 14 Arrival date 15 Means of transportation 16 Purpose of travel

POLITI	CAL EXPENDI	TURES			s	CHEDULE F
The Instruction	ON GUIDE explains how to cor	nplete this form.		1 PAGE# Schedule: 15/	32 Rep	port: 57/101
2 FILER NAME	Meyers, W. A. (Mr.)				(Ethics Commission filers)	
4 Date 03/09/2007	5 Payee name Nationwide Insurance 6 Payee address;				7	Amount (\$) \$391.93
	14140 Southwest Frw Sugar Land, TX 7747	ry # 100 78				
Use of person purposes/Re	ons regarding type of informational vehicle for campaign/o eimbursement current/prior for travel outside Texas (complete travel)	ffice Schedules G ete boxes 10-16)	Candidate / Officeho	lder name:		didate/Officeholder **
	on(s) traveling on whose behal				sary)	14
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of tran	Means of transportation			tr spo sopo		1
4 Date	5 Payee name Nationwide Insurance	9			7 Amount (\$)	
03/09/2007	6 Payee address: 14140 Southwest Frv Sugar Land, TX 774	vy # 100))			\$197.43
	ayment ons regarding type of informati expense for Campaign Truck		9 · · Complete if dire Candidate / Officeho		efit Cano	didate/Officeholder ***
			Office sought:			
☐ Payment	for travel outside Texas (comp	lete boxes 10-16)	Office held:			
10 Name of pers	ion(s) traveling on whose beha	if the expenditure for trave	el was made (attach add	itional pages if neces	sary)	
11 Departure cit	/ I location	12 Departure date	13 Destination city	location		14 Arrival date
15 Means of tran	isportation		16 Purpose of travel			
						Singapore -

POLITI	CAL EXPENDIT	URES			S	CHEDULE F
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 16/32 Report: 58/101		
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 04/17/2007	5 Payee name Nationwide Insurance 6 Payee address; C 14140 Southwest Frwy Sugar Land, TX 77478			7	Amount (\$) \$127.58	
Use of perso purposes/Re	yment ins regarding type of information in instruction in the regarding type of information in in all vehicle for campaign/office imbursement current/prior Scorn travel outside Texas (complete in(s) traveling on whose behalf the	e hedules G boxes 10-16)	Office sought:	der name:		lidate/Officeholder **
11 Departure city	/ location	12 Departure date	13 Destination city /	ocation		14 Arrival date
15 Means of trans	sportation		16 Purpose of travel	No.		
4 Date 04/17/2007	Nationwide Insurance				7	Amount (\$) \$62.40
Insurance ex	lyment ons regarding type of information opense for Campaign Truck for travel outside Texas (complete on(s) traveling on whose behalf the	b boxes 10-16)	9 · · Complete if direct Candidate / Officeho Office sought: Office held:	Ider name:		lidate/Officenolder
11 Departure city		12 Departure date	13 Destination city /	San Company		14 Arrival date
15 Means of transportation			16 Purpose of travel			
			1			

P.O.Box 12070

The Instruction	Guide explains how to comp	lete this form.		1 PAGE# Schedule: 17/3	32 Rep	oort: 59/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date	5 Payee name Nationwide Insurance				7	Amount (\$)
05/15/2007	6 Payee address; C 14140 Southwest Frwy Sugar Land, TX 77478	ity; State; Zip Code # 100	******			\$127.58
Use of perso purposes/Re	yment yment yment na regarding type of information nal vehicle for campaign/offic imbursement current/prior Sc or travel outside Texas (complete	e hedules G	9 · · Complete if direct Candidate / Officehold Office saught:		L efit Cand	idate/Officeholder **
	n(s) traveling on whose behalf th			ional pages if necess	ary)	
11 Departure city	/ location	12 Departure date	13 Destination city / location			14 Arrival date
15 Means of trans	portation	Lancoronne Sancoro	16 Purpose of travel			
4 Date 06/15/2007	Payee name Nationwide Insurance Payee address: 14140 Southwest Frwy Sugar Land, TX 77478		***************************************		7	Amount (\$) \$127.58
Use of perso purposes/Re	yment yment ins regarding type of information inal vehicle for campaign/offic imbursement current/prior So or travel outside Texas (complete	ce chedules G	9 ** Complete if direct Candidate / Officehold Office sought: Office held:		I eñt Cand	lidate/Officeholder ••
10 Name of perso	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addi	tional pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	sportation		16 Purpose of travel			L

POLITI	CAL EXPENDIT	URES			S	CHEDULE F	
The Instruction	on Guide explains how to comp	olete this form.	1 PAGE # Schedule: 18/32 Report: 60/101			port: 60/101	
2 FILER NAME	Meyers, W. A. (Mr.)				(Ethics Commission filers)		
4 Date 05/15/2007	Nationwide Insurance (Truck)				7	Amount (\$) \$62.40	
Expenses C	yment ons regarding type of information ampaign Truck or travel outside Texas (complet on(s) traveling on whose benalf t	e boxes 10-16)	Office sought: Office held:	lder name:		lidate/Officeholder **	
11 Departure city	/ location	12 Departure date	13 Destination city / location			14 Arrival date	
15 Means of trans	Means of transportation						
4 Date 06/15/2007	5 Payee name Nationwide Insurance 6 Payee address; 14140 Southwest Frwy Sugar Land, TX 77476	City; State; Zip Code			7	Amount (\$) \$62.40	
Expenses C	ayment ons regarding type of information tampaign Truck for travel outside Texas (comple		9 ** Complete if direct Candidate / Officehold Office sought:		efit Cano	didate/Officeholder **	
10 Name of pers	on(s) traveling on whose behalf	the expenditure for trave	I was made (attach addi	tional pages if neces	sary)		
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date	
15 Means of tran	esportation	1	16 Purpose of travel				
			4.				

(512)463-5800 1-800-325-8506 P.O.Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE F 1 PAGE # The INSTRUCTION GUIDE explains how to complete this form. Schedule: 19/32 Report: 61/101 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Meyers, W. A. (Mr.) 0000 Amount Date Payee name Office Depot (\$) \$50.87 04/17/2007 City; State; Zip Code 6 Payee address; 11815 Wilcrest Houston, TX 77031 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · Purpose of payment Candidate / Officeholder name: (See instructions regarding type of information required.) Campaign Supplies 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) 14 Arrival date 12 Departure date 13 Destination city / location 11 Departure city / location 15 Means of transportation 16 Purpose of travel Date Payee name Amount Prosperity Bank (\$) 04/12/2007 \$200.00 6 Payee address: City; State; Zip Code 14060 Southwest Freeway Sugar Land, TX 77478 9 .. Complete if direct expenditure to benefit Candidate/Officeholder ... 8 Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Bank Charges for Research related to campaign expenditures 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) 12 Departure date 13 Destination city / location 14 Arrival date 11 Departure city / location 15 Means of transportation 16 Purpose of travel

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 20/32 Report: 62/101 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Meyers, W. A. (Mr.) 0000 Date Payee name Amount Prosperity Bank (\$) 04/23/2007 \$1,005.00 City; State; Zip Code 6 Payee address; 14060 Southwest Freeway Sugar Land, TX 77478 Purpose of payment 9 . Complete if direct expenditure to benefit Candidate/Officeholder . . (See instructions regarding type of information required.) Candidate / Officeholder name: Returned Campaign Contribution Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 13 Destination city / location 11 Departure city / location 12 Departure date 14 Arrival date 15 Means of transportation 16 Purpose of travel Date Payee name Amount Prosperity Bank (\$) \$25.00 04/27/2007 City; State; Zip Code 6 Payee address; 14060 Southwest Freeway Sugar Land. TX 77478 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · 8 Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Charge for Stop Payment on Lost Campaign Bank Account 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) 12 Departure date 14 Arrival date 11 Departure city / location 13 Destination city / location 15 Means of transportation 16 Purpose of travel

POLITI	CAL EXPENDIT	TURES			S	CHEDULE F	
The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 21/3	32 Rep	oort: 63/101	
2 FILER NAME	Meyers, W. A. (Mr.)	- Volta is		3 ACCOUNT# 0000	(Ethics C	ommission filers)	
Date 05/22/2007	5 Payee name Prosperity Bank 6 Payee address; 14060 Southwest Free Sugar Land, TX 77478	City; State; Zip Code way }			7 Amount (\$) \$132.7		
Researh Fee	lyment ons regarding type of information a related to campaign expension travel outside Texas (completon(s) traveling on whose benafted	ditures te boxes 19-16)	Candidate / Officeho Office sought: Office held:	older name:		didate/Officeholder ***	
11 Departure city	/ location	12 Departure date	13 Destination city / location			14 Arrival date	
15 Means of tran	Means of transportation			1		L	
4 Date 03/01/2007	5 Payee name Robert E. Wells Entern 6 Payee address: 3005 FM 528 Alvin, TX 77511		3		7 Amount (\$) \$6,009		
Purchase of	ayment ons regarding type of informatio f 3/4 ton pickup truck for carr for travel outside Texas (completion(s) traveling on whose behalf	paign/office use.	Candidate / Officeho			didate/Officeholder	
11 Departure city	y / location	12 Departure date	13 Destination city	location		14 Arrival date	
15 Means of tran	nsportation		16 Purpose of travel			1	

The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 22	32 Rep	ort: 64/101		
2 FILER NAME Meyers, W. A. (Mr.)				3 ACCOUNT # (Ethics Commission filers) 0000			
Date 5 Payee name Rosenberg Loins Club 6 Payee address; City; State; Zip Code P.O. Box 1009 Rosenberg, TX 77471					7	Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Donation to Service Club Description: Payment for travel outside Texas (complete boxes 10-16) Name of person(s) traveling on whose behalf the expenditure for travel			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name; Office sought: Office neid:				
1 Departure city	/ location	12 Departure date 13 Destination city / location				14 Arrival date	
15 Means of transportation			16 Purpose of travel				
4 Date 5 Payee name Rosenberg Loins Club 02/22/2007 6 Payee address; City; State, Zip Code P.O. Box 1009 Rosenberg, TX 77471					7	Amount (\$) \$75.00	
8 Purpose of payment (See instructions regarding type of information required.) Donation to Service Club □ 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 pers	on(s) traveling on whose behalf	he expenditure for trave	I was made (attach addi	tional pages if neces	sary)		
11 Departure city / location 12 Departure date		13 Destination city / location 14 Arr		14 Arrival date			
15 Means of transportation		16 Purpose of travel			1		

POLITI	CAL EXPENDIT	URES			S	CHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 23/32 Report: 65/101		
2 FILER NAME Meyers, W. A. (Mr.)				3 ACCOUNT # (Ethics Commission filers) 0000		
Date 5 Payee name Rosenberg Rotary Club 01/18/2007 6 Payee address; City; State; Zip Code					7	Amount (\$) \$100.00
	2627 FM 762 Rosenberg, TX 77471					
Purpose of payment (See instructions regarding type of information required.) Donation to service club			9 ** Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name: Office sought:			
Payment f	or travel outside Texas (complete	e boxes 10-16)	Office held:			
	on(s) traveling on whose behalf the		I was made (attach addit	ional pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city / location			14 Arrival date
15 Means of transportation			16 Purpose of travel			
4 Date	Date 5 Payee name Rosenberg Rotary Club				7	Amount (S)
02/01/2007 6 Payee address; City: State: Zip Code 2627 FM 762 Rosenberg, TX 77471			•			\$500.00
8 Purpose of pa (See instruction Donation to	ons regarding type of information	required.)	9 · · Complete if direc Candidate / Officeho		efit Cand	didate/Officeholder **
			Office sought:			
☐ Payment i	Payment for travel outside Texas (complete boxes 10-16)			Office held:		
10 Name of person	on(s) traveling on whose behalf t	he expenditure for trave	I was made (attach addi	tional pages if neces	sary)	
11 Departure city	1 Departure city / location 12 Departure date		13 Destination city / location 14 Arrival		14 Arrival date	
15 Means of transportation		16 Purpose of travel			I	

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POLITI	CAL EXPENDIT	URES			S	CHEDULE F	
The Instruction	ON GUIDE explains how to comp		1 PAGE # Schedule: 25/32 Report: 67/101				
2 FILER NAME	2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000			
4 Date 02/08/2007	5 Payee name Shell Oil 6 Payee address: City; State; Zip Code P.O. Box 9151 Des Moines, IA 50368-9151				7	Amount (\$) \$250.00	
8 Purpose of payment (See instructions regarding type of information required.) Use of personal vehicle for campaign/office purposes/Reimbursement current/prior Schedules G Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel			9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · · Candidate / Officeholder name: Office sought: Office neid:				
11 Departure city	/ location	12 Departure date	13 Destination city / location			14 Arrival date	
15 Means of tran-	15 Means of transportation			16 Purpose of travel			
4 Date 03/19/2007	5 Payee name Shell Oil 6 Payee address; 0 P O. Box 9151 Des Moines, IA 50368-	City; State; Zip Code	7 Amount (\$) \$350.00				
8 Purpose of payment (See instructions regarding type of information required.) Use of personal vehicle for campaign/office purposes/Reimbursement current/prior Schedules G Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel.			9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · · Candidate / Officeholder name: Office sought: Office held:			lidate/Officeholder **	
11 Departure city / location 12 Departure date		13 Destination city / location		14 Arrival date			
15 Means of tran	15 Means of transportation		16 Purpose of travel				

(512)463-5800 1-800-325-8506 Austin, Texas 78711-2070 P.O.Box 12070 Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 26/32 Report: 68/101 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Meyers, W. A. (Mr.) 0000 Date Payee name Amount Shell Oil (\$) \$274.39 04/28/2007 City; State; Zip Code 6 Payee address; P.O. Box 9151 Des Moines, IA 50368-9151 8 Purpose of payment 9 .. Complete if direct expenditure to benefit Candidate/Officeholder (See instructions regarding type of information required.) Candidate / Officeholder name: Use of personal vehicle for campaign/office purposes/Reimbursement current/prior Schedules G Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 15 Means of transportation 16 Purpose of travel Date Payee name Amount Shell Oil (\$) \$450.00 06/05/2007 City; State; Zip Code 6 Payee address; P.O. Box 9151 Des Moines, IA 50368-9151 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Use of personal vehicle for campaign/office purposes/Reimbursement current/prior Schedules G 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) 12 Departure date 13 Destination city / location 14 Arrival date 11 Departure city / location 16 Purpose of travel 15 Means of transportation

POLITI	CAL EXPENDI	TURES			SCHEDULE	F
The Instruction	on Guide explains how to cor	mplete this form.		1 PAGE # Schedule: 28/32 Report: 70/101		
2 FILER NAME Meyers, W. A. (Mr.)				3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date	5 Payee name Sprint PCS			7 Amount (\$)		
01/08/2007	6 Payee address; City: State; Zip Code P.O. Box 660750 Dallas, TX 75266				\$13	7.18
8 Purpose of payment (See instructions regarding type of information required.) Campaign Manager Cell Phone by agreement & Campaign Cell phone			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought:			
	or travel outside Texas (comp on(s) traveling on whose behal		Office held: was made (attach add	itional pages if necess	ary)	
11 Departure city	ity / location 12 Departure date 13 Destination city / location				14 Arrival date	e
15 Means of transportation			16 Purpose of travel			
4 Date 5 Payee name Sprint PCS 03/19/2007 6 Payee address: City; State; Zip Code P.O. Box 660750 Dallas, TX 75266			<u> </u>		7 Amount (\$)	0.79
Campaign M Cell phone	ayment ons regarding type of informat Manager Cell Phone by agrifor travel outside Texas (compon(s) traveling on whose behalf	eement & Campaign	Candidate / Officeh Office sought: Office held:	older name:	efit Candidate/Officehold	er ··
	w					
11 Departure city	11 Departure city / location 12 Departure date		13 Destination city	/ location	14 Arrival dat	е
15 Means of transportation		16 Purpose of trave	el .			

Texas Ethics Commission Austin, Texas 78711-2070 POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 29/32 Report: 71/101 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Meyers, W. A. (Mr.) 0000 Date Payee name Amount Sprint PCS (\$) 06/05/2007 \$139.61 6 Payee address; City; State; Zip Code P.O. Box 660750 Dallas, TX 75266 8 Purpose of payment 9 . Complete if direct expenditure to benefit Candidate/Officeholder . . (See instructions regarding type of information required.) Candidate / Officeholder name: Campaign Manager Cell Phone by agreement & Campaign Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 14 Arrival date 13 Destination city / location 15 Means of transportation 16 Purpose of travel Date Payee name Amount Sugar Creek Country Club (3) 03/22/2007 \$322.03 6 Payee address; City; State; Zip Code 420 Sugar Creek Blvd Sugar Land, TX 77478 8 Purpose of payment 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · (See instructions regarding type of information required.) Candidate / Officeholder name: County Club used exclusively for campaign/office purposes during period 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

POLITI	CAL EXPENDIT	URES			SCHEDULE F		
The Instruction Guide explains how to complete this form.				1 PAGE# Schedule: 30/32 Report: 72/101			
2 FILER NAME Meyers, W. A. (Mr.)				3 ACCOUNT # (Ethics Commission filers) 0000			
4 Date	Date 5 Payee name Sugar Creek Country Club				7 Amount (\$)		
06/12/2007	6 Payee address; C 420 Sugar Creek Blvd Sugar Land, TX 77478	ity; State; Zip Code	***************************************		\$417.12		
8 Purpose of payment (See instructions regarding type of information required.) County Club used exclusively for campaign/office purposes during period Payment for travel outside Texas (complete boxes 10-16)			9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · · Candidate / Officeholder name: Office sought: Office held:				
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if neces	sary)		
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 Time Warner/Comcast 05/08/2007 6 Payee address; City; State; Zip Code 2507 Bagby Houston, TX 77006					7 Amount (\$) \$33.85		
8 Purpose of payment (See instructions regarding type of information required.) Campaign Web Internet Access Expense □ Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:				
10 Name of perso	on(s) traveling on whose behalf the	ne expenditure for trave	I was made (attach add	tional pages if neces	sary)		
11 Departure city / location 12 Departure date			13 Destination city / location 14 Arrival de		14 Arrival date		
15 Means of transportation			16 Purpose of trave	I			
			.1				

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 31/32 Report: 73/101			
	and a spinish to the spinish			Schedule: 31/3	32 Report: 73/101	
2 FILER NAME N	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics Commission filers)	
4 Date 5	5 Payee name Time Warner/Comcast				7 Amount (\$)	
05/08/2007 6	Payee address: C 2507 Bagby Houston, TX 77006	ity; State; Zip Code			\$35.00	
	ent regarding type of information Internet Access Expense		9 · · Complete if direc Candidate / Officeho		fit Candidate/Officeholder **	
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:			
	traveling on whose behalf th		was made (attach addit	tional pages if necess	ary)	
11 Departure city / loc	cation	12 Departure date	13 Destination city /	location	14 Arrival date	
15 Means of transpor	tation		16 Purpose of travel			
06/28/2007	Payee address: C 2507 Bagby Houston, TX 77006	City: State; Zip Code		**********	(S) \$38.44	
	ent regarding type of information Internet Access Expense	required.)	9 ** Complete if direct Candidate / Officeho		fit Candidate/Officeholder ***	
Payment for tr	ravel outside Texas (complete	e boxes 10-16)	Office sought: Office held:			
10 Name of person(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addi	tional pages if necess	ary)	
11 Departure city / lo	cation	12 Departure date	13 Destination city /	location	14 Arrival date	
15 Means of transpor	rtation		16 Purpose of travel			
			4			

Texas Ethics Commission

The INSTRUCTIO	The INSTRUCTION GUIDE explains how to complete this form.				7 Repo	rt: 75/101
FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	commission filers)
Date 03/19/2007	5 Payee name 10 Minute Oil Change				7	Amount (\$) \$168.98
33/13/2007	6 Payee address; C 13670 Murphy Rd Stafford, TX 77477	ity; State; Zip Code			X polit	mbursement from tical contributions nded
Service Cam	ns regarding type of information paign Truck					
	or travel outside Texas (complete in(s) traveling on whose behalf th		was made (attach additi	onal pages if neces	sary)	
10 Departure city	/ location	11 Departure date	12 Destination city / la	ocation		13 Arrival date
14 Means of trans	sportation		15 Purpose of travel			
4 Date	5 Payee name Chase Credit Card		1		7	Amount (\$)
	1					\$266.39
01/23/2007	6 Payee address; C P.O. Box 94014 Palatine, IL 19886	ity: State; Zip Code			X poli	mbursement from tical contributions nded
8 Purpose of ex (See instruction Interest/card	P.O. Box 94014 Palatine, IL 19886	required.) expenditures to Chas			X poli	tical contributions
8 Purpose of ex (See instruction Interest/card	P.O. Box 94014 Palatine, IL 19886 penditure ons regarding type of information charges on campaign/office	required.) expenditures to Chas boxes 9-15)	se Card	ional pages if neces	X polii inte	tical contributions
Purpose of ex (See instruction Interest/card	P.O. Box 94014 Palatine, IL 19886 penditure ons regarding type of information charges on campaign/office or travel outside Texas (complete on(s) traveling on whose behalf the	required.) expenditures to Chas boxes 9-15)	se Card		X polii inte	tical contributions
8 Purpose of ex (See instruction Interest/card	P.O. Box 94014 Palatine. IL 19886 penditure ons regarding type of information I charges on campaign/office or travel outside Texas (complete on(s) traveling on whose behalf the	required.) expenditures to Chas boxes 9-15) e expenditure for travel	se Card was made (attach additi		X polii inte	tical contributions nded
Purpose of ex (See instruction Interest/card Payment for Name of personal Departure city	P.O. Box 94014 Palatine. IL 19886 penditure ons regarding type of information I charges on campaign/office or travel outside Texas (complete on(s) traveling on whose behalf the	required.) expenditures to Chas boxes 9-15) e expenditure for travel	was made (attach additi		X polii inte	tical contributions nded

P.O.Box 12070

The Instruction	N GUIDE explains how to compl	ete this form.		1 PAGE # Schedule: 2/2	7 Repo	rt: 76/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	commission filers)
4 Date	5 Payee name Chase Credit Card				7	Amount (\$)
02/27/2007	6 Payee address; C P.O, Box 94014 Palatine, IL 19886	ity; State: Zip Code			X polit	\$310.12 mbursement from tical contributions nded
Interest/card	enditure ns regarding type of information of charges on campaign/office of the charges on campaign/office of the charges of th	expenditures to Chase	e Card			
9 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	
10 Departure city	location	11 Departure date	12 Destination city / I	ocation		13 Amval date
14 Means of trans	portation		15 Purpose of travel		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4 Date	5 Payee name Chase Credit Card				7	Amount (S)
03/25/2007	6 Payee address; C P.O, Box 94014 Palatine, IL 19886	ity; State; Zip Code			X poli	\$181.94 mbursement from tical contributions nded
Interest/card	penditure ns regarding type of information charges on campaign/office or travel outside Texas (complete	expenditures to Chas	e Card			
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of trans	sportation		15 Purpose of travel			

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

The Instruction	N GUIDE explains how to compl	ete this form.		1 PAGE# Schedule: 3/2	7 Repo	ort: 77/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	Commission filers)
4 Date	5 Payee name Chase Credit Card	A CONTRACTOR OF THE CONTRACTOR	***		7	Amount (\$)
04/23/2007	6 Payee address; C P.O, Box 94014 Palatine, IL 19886	ity: State; Zip Code			X poli	\$206.19 mbursement from tical contributions ended
Interest/card	ns regarding type of information of charges on campaign/office of or travel outside Texas (complete	expenditures to Chase boxes 9-15)				
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	tional pages if necess	sary)	
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of trans	portation		15 Purpose of travel			I
4 Date	5 Payee name Chase Credit Card				7	Amount (\$)
05/23/2007	6 Payee address; C P.O. Box 94014 Palatine, IL 19886	ity: State; Zip Code	***************	************	X pol	\$157.17 imbursement from itical contributions ended
Interest/card	penditure ons regarding type of information charges on campaign/office or travel outside Texas (complete on(s) traveling on whose behalf the	expenditures to Chas e boxes 9-15)		itional pages if neces	sarv)	
	,	,	,		//	
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of trans	sportation		15 Purpose of trave	l		

Austin, Texas 78711-2070

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

The Instruction	N GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 4/2	7 Repo	rt: 78/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000		Commission filers)
4 Date	5 Payee name Chase Credit Card				7	Amount (\$)
06/23/2007		City; State; Zip Code		*******	X poli	\$79.66 mbursement from tical contributions nded
Interest/card	or travel outside Texas (complete	expenditures to Chas	e Card			
	n(s) traveling on whose behalf th		was made (attach addit	ional pages if neces	sary)	
10 Departure city	/ location	11 Departure date	12 Destination city / I	ocation		13 Arrival date
14 Means of trans	portation		15 Purpose of travel			
4 Date	5 Payee name CVS Austin				7	Amount (\$)
06/06/2007	6 Payee address; (1105 N. 135 Austin, TX 78701	City; State; Zip Code			X poli	\$25.98 mbursement from tical contributions inded
Expenses of	penditure ons regarding type of information Austin Trip for Office Purpos or travel outside Texas (complet	ses				
9 Name of perso	on(s) traveling on whose behalf t	he expenditure for travel	was made (attach addi	ional pages if neces	sary)	
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of trans	sportation	L	15 Purpose of travel			L

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OLIT	1.71	_	• 3

The instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 5/2	7 Repo	rt: 79/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	Commission filers)
4 Date 05/08/2007	5 Payee name Denny's 6 Payee address; C 11511 W. Airport Blvd. Stafford, TX 77477	Sity; State; Zip Code				Amount (\$) \$21.86 mbursement from tical contributions
Meet with co	penditure ons regarding type of information instituent/supporter for campa or travel outside Texas (complete on(s) traveling on whose behalf the	aign/political/office pur e boxes 9-15)		tional pages if necess		nded
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of trans	sportation	L	15 Purpose of travel	· · · · · · · · · · · · · · · · · · ·		
4 Date 01/16/2007	5 Payee name EV1.Net 6 Payee address; 0 P.O. Box 26909 San Francisco, CA 94	City: State: Zip Code			X poli	Amount (\$) \$10.66 mbursement from tical contributions inded
Campaign V	Ippenditure ons regarding type of information Veb Site Internet Service Prov for travel outside Texas (complet on(s) traveling on whose behalf t	e boxes 9-15)	I was made (attach add	itional nages if neces	sarv)	
10 Departure city		11 Departure date	12 Destination city /		30,77	13 Arrival date
14 Means of tran	sportation		15 Purpose of trave	ı		

Austin, Texas 78711-2070

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

1-800-325-8506

The Instruction	N GUIDE explains how to compl	ete this form.		1 PAGE # Schedule: 6/2	7 Repo	rt: 80/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	Commission filers)
4 Date	5 Payee name EV1.Net				7	Amount (\$)
02/16/2007	6 Payee address: Ci P.O. Box 26909 San Francisco, CA 9412	tty; State; Zip Code			X poli	\$10.66 mbursement from tical contributions nded
Campaign W	penditure pendit	der boxes 9-15)	was mada lattach addi	innal nanas if nanas	and)	
J Hame of perso	on(s) develing on whose sending	e experience or in a ver	was made (attach addi.	onal pages it needs	,	
10 Departure city	/ location	11 Departure date	12 Destination city /	ocation		13 Arrival date
14 Means of trans	sportation		15 Purpose of travel			
4 Date 03/16/2007	5 Payee name EV1.Net 6 Payee address; C P.O. Box 26909 San Francisco, CA 941	city; State; Zip Code 26		********	X pol	Amount (\$) \$10.95
Campaign V	I spenditure cons regarding type of information one regarding type of information Veb Site Internet Service Proving for travel outside Texas (complete on(s) traveling on whose behalf the	e boxes 9-15)	was made (attach addi	tional pages if neces	sarv)	
3 Ivame of pers	on(s) haveing on whose sending	ic expenditure for traver	was made (attack) addi	norial pages it ricces	Sury	
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of tran	sportation	L	15 Purpose of travel			L

The Instruction	N GUIDE explains how to comple	ete this form.		1 PAGE # Schedule: 7/2	7 Repor	t: 81/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	ommission filers)
4 Date 5 Payee name Fort Bend County 04/27/2007 6 Payee address; City; State; Zip Code 301 Jackson St. Richmond, TX 77469						Amount (\$) \$70.48 Inbursement from ical contributions ided
License Tags	nenditure as regarding type of information of for Campaign Truck ar travel outside Texas (complete an(s) traveling on whose behalf the	boxes 9-15)	was made (attach addit	ional pages if necess	sary)	
10 Departure city /	location	11 Departure date	12 Destination city / I	ocation		13 Arrival date
14 Means of trans	portation		15 Purpose of travel			
4 Date 01/05/2007	5 Payee name GMAC Credit Card 6 Payee address; C P. O. Box 15021 Wilmington, DE 19850	ity: State; Zip Code	************		X poli	Amount (\$) \$201.30 mbursement from tical contributions inded
Interest/card	ns regarding type of information of charges during period on car or travel outside Texas (complete	npaign/office expend boxes 9-15)				
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travei	was made (attach addit	ional pages if necess	sary)	
10 Departure city	location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of trans	portation		15 Purpose of travel			
			•			

5	SCHEDULE G
Rep	ort: 82/101
	Commission filers)
7	Amount (\$)
	\$155.6
X po	eimbursement from litical contributions ended
inv)	
iry)	
ary)	13 Arrival date
ry)	13 Arrival date
ry) 7	Amount (\$)
7	Amount
7 Re X po	Amount (\$)
7 Re X po	Amount (\$) \$144.8 eimbursement from diltical contributions
7 Re X po	Amount (\$) \$144.8 eimbursement from diltical contributions

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE# Schedule: 8/2	7 Report: 82/	101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics Commiss	sion filers)
4 Date	5 Payee name GMAC Credit Card				1.00	nount (\$)
02/05/2007	6 Payee address; Cit P. O. Box 15021 Wilmington, DE 19850	y; State; Zip Code			Reimburse political co	\$155.64 ement from entributions
	penditure ons regarding type of information re I charges during period on cam		itures made to GMAC	credit card		
	for travel outside Texas (complete lon(s) traveling on whose behalf the		was mada (attach addit	ional pages if pages	2004	-
3 Name of perso	on(s) traveling on whose denair the	experiorare for traver	was made (attach addit	ional pages il neces	sary)	
10 Departure city	/ location	11 Departure date	12 Destination city / I	ocation	13 A	rrival date
14 Means of trans	sportation		15 Purpose of travel			
4 Date	5 Payee name GMAC Credit Card		I		1	nount (\$)
03/06/2007	6 Payee address; Ci P. O. Box 15021 Wilmington, DE 19850	ly; State; Zip Code			Reimbursi political co intended	ement from
8 Purpose of ex (See instruction Interest/card	P. O. Box 15021 Wilmington, DE 19850	equired.) paign/office expend		Coredit card	X political co	
8 Purpose of ex (See instruction Interest/card	P. O. Box 15021 Wilmington, DE 19850 spenditure ons regarding type of information red charges during period on carr	equired.) apaign/office expend boxes 9-15).	litures made to GMAC	375-210-2	political co	ement from
8 Purpose of ex (See instruction Interest/card	P. O. Box 15021 Wilmington, DE 19850 xpenditure ons regarding type of information of charges during period on carr for travel outside Texas (complete on(s) traveling on whose behalf the	equired.) apaign/office expend boxes 9-15).	litures made to GMAC	ional pages if neces	political continued intended	ement from
8 Purpose of ex (See instruction Interest/card Payment 9 Name of person	P. O. Box 15021 Wilmington, DE 19850 xpenditure ons regarding type of information of charges during period on carr for travel outside Texas (complete on(s) traveling on whose behalf the	equired.) spaign/office expend boxes 9-15). e expenditure for travel	itures made to GMAC was made (attach addit	ional pages if neces	political continued intended	ement from ontributions
8 Purpose of ex (See instruction Interest/card Payment 19 Name of personal 10 Departure city	P. O. Box 15021 Wilmington, DE 19850 xpenditure ons regarding type of information of charges during period on carr for travel outside Texas (complete on(s) traveling on whose behalf the	equired.) spaign/office expend boxes 9-15). e expenditure for travel	was made (attach addit	ional pages if neces	political continued intended	ement from ontributions

The Instruction	อง Guide explains how to comp	lete this form.		1 PAGE# Schedule: 9/2	7 Repo	rt: 83/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	Commission filers)
4 Date	5 Payee name GMAC Credit Card				7	Amount (\$)
04/05/2007	6 Payee address; C P. O. Box 15021 Wilmington, DE 19850	City; State; Zip Code	************		X poli	\$156.91 mbursement from tical contributions inded
Interest/card	ns regarding type of information charges during period on ca	mpaign/office expend	litures made to GMA	C credit card		
	or travel outside Texas (complete on(s) traveling on whose behalf the		was made (attach addi	tional pages if necess	sary)	
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of trans	sportation	h	15 Purpose of travel			
4 Date 05/04/2007	5 Payee name GMAC Credit Card 6 Payee address: P. O. Box 15021 Wilmington, DE 19850				X poli	Amount (\$) \$47.44 Imbursement from itical contributions ended
Interest/card	ons regarding type of information d charges during period on ca for travel outside Texas (complet	empaign/office expend e boxes 9-15)				
9 Name of person	on(s) traveling on whose behalf t	he expenditure for travel	was made (attach add	itional pages if neces	sary)	
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of tran	sportation	•	15 Purpose of trave	ı		

SCHEDULE G

1-800-325-8506

The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE#		
				Schedule: 10/	27 Rep	ort: 84/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	Commission filers)
4 Date	5 Payee name Godaddy.com				7 Amount (\$)	
03/26/2007	6 Payee address; C 14455 N. Hayden Road Scottsdale, AZ 85260	city; State; Zip Code # 219	***************	******	X poli	\$64.32 mbursement from tical contributions inded
Register We	cpenditure ons regarding type of information b Site Domain Name for travel outside Texas (complete					
	on(s) traveling on whose benalf th		was made (attach additi	ional pages if necess	sary)	
10 Departure city	/ location	11 Departure date	12 Destination city / !		13 Arrival date	
14 Means of tran	sportation		15 Purpose of travel			
4 Date	5 Payee name Harris County Toll Road	d Authority	I.		7	Amount (\$)
01/28/2007	6 Payee address; 330 Meadowfern Houston, TX 77067	City: State; Zip Code			X poli	\$34.55 mbursement from tical contributions inded
Toll Charge:	xpenditure ons regarding type of information s for Campaign/office purpose for travel outside Texas (complete	es				
9 Name of pers	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addit	ional pages if neces	sary)	
10 Departure city	y / location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of tran	nsportation		15 Purpose of travel			ı

The Instruction	N GUIDE explains how to compl	ete this form.		1 PAGE# Schedule: 11/	27 Rep	ort: 85/101	
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000			
4 Date	5 Payee name Harris County Toll Road	Authority			7 Amount (\$)		
03/10/2007	6 Payee address; C 330 Meadowfern Houston, TX 77067	ity; State; Zip Code	*************		X poli	\$35.85 mbursement from tical contributions nded	
Toll Charges	benditure ons regarding type of information for Campaign/office purpose or travel outside Texas (complete	s					
	n(s) traveling on whose behalf th		was made (attach addit	ional pages if necess	sary)		
10 Departure city	location	11 Departure date	e 12 Destination city / location			13 Arrival date	
14 Means of trans	portation		15 Purpose of travel				
4 Date 03/25/2007	5 Payee name Harris County Toll Road 6 Payee address; C 330 Meadowfern Houston, TX 77067	Authority City; State; Zip Code			X poli	Amount (\$) \$32.00 mbursement from tical contributions nded	
Toll Charges	penditure ons regarding type of information of for Campaign/office purpose or travel outside Texas (complete on(s) traveling on whose behalf the	e boxes 9-15)	was made (attach addi	tional pages if necess	sary)		
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date	
14 Means of trans	sportation		15 Purpose of travel				

1-800-325-8506

POLITICAL EXPENDITURES

	The INSTRUCTIO	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 12	27 Rep	ort: 86/101
?	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	commission filers)
	Date	5 Payee name Harris County Toll Roa	ad Authority		1	7	Amount (\$)
	04/12/2007	6 Payee address: 330 Meadowfern Houston, TX 77067	City; State; Zip Code	ran Krista (1772-1813)		X poli	\$40.00 mbursement from tical contributions nded
	(See instruction Toll Charges	penditure ons regarding type of information of for Campaign/office purpos or travel outside Texas (comple	ses ete boxes 9-15)	was made (attach addi	tional pages if neces	sary)	
0	Departure city	/ location	11 Departure date	12 Destination city /	location	-	13 Arrival date
4	Means of trans	sportation		15 Purpose of travel			
1	Date	5 Payee name Harris County Toll Roa	ad Authority		275,	7	Amount (\$)
	04/22/2007	6 Payee address; 330 Meadowfern Houston, TX 77067	City; State; Zip Code		*******	X poli	\$40.0 mbursement from tical contributions nded
3	(See instruction Toll Charges	penditure pors regarding type of information of for Campaign/office purpos for travel outside Texas (comple on(s) traveling on whose behalf	ses ete boxes 9-15)	was made (attack add	***************************************		
)	Name of perso	on(s) traveling on whose benair	the experiditure for traver	was made (attach add	tional pages if neces	sary)	
1	Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14	4 Means of tran	sportation		15 Purpose of trave	ı		
_				1			

The Instruction	N GUIDE explains how to compl	ete this form.		1 PAGE # Schedule: 13/	27 Rep	ort: 87/101	
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	commission filers)	
4 Date	5 Payee name Harris County Toll Road	Authority			7 Amount (\$)		
05/04/2007	6 Payee address; C: 330 Meadowfern Houston, TX 77067	ity; State; Zip Code			X polit	\$40.00 Inbursement from ical contributions inded	
Toll Charges	enditure s regarding type of information of for Campaign/office purposes or travel outside Texas (complete	boxes 9-15)	was made (attach addit	ional pages if necess	sary)		
40.0		44.5	L40.0				
10 Departure city /	location	11 Departure date	12 Destination city / I	ocation		13 Arrival date	
14 Means of transp	portation		15 Purpose of travel				
4 Date	5 Payee name Harris County Toll Road	Authority			7	Amount (\$)	
05/23/2007	6 Payee address; C 330 Meadowfern Houston, TX 77067	ity; State; Zip Code		**********	X poli	\$40.00 mbursement from ical contributions nded	
Toll Charges	benditure ns regarding type of information for Campaign/office purpose or travel outside Texas (complete	s					
	n(s) traveling on whose behalf th		was made (attach addit	ional pages if necess	sary)		
10 Departure city	location	11 Departure date	12 Destination city /	location		13 Arrival date	
14 Means of trans	portation		15 Purpose of travel				

	des Charles de la company							
	The INSTRUCTION	N GUIDE explains how to compl	ete this form.		1 PAGE# Schedule: 14/	27 Rep	ort: 88/101	
2	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	ommission filers)	
4	Date	5 Payee name Harris County Toll Road	Authority	taring and a		7 Amount (\$)		
	06/06/2007	6 Payee address; C 330 Meadowfern Houston, TX 77067	ity; State; Zip Code			X polit	\$40.70 inbursement from ical contributions inded	
8		enditure ns regarding type of information for Campaign/office purpose						
	Payment fo	r travel outside Texas (complete	boxes 9-15)					
9	Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)		
10	Departure city / location 11 Departure date 12 Destination city / location					13 Arrival date		
14	Means of trans	portation		15 Purpose of travel				
4	Date	5 Payee name Lopez Restaurant				7	Amount (\$)	
	04/03/2007	6 Payee address; C 11606 S. Wilcrest Drive Houston, TX 77031	City: State: Zip Code			X poli	\$52.52 inbursement from tical contributions inded	
8	(See instruction Meeting with	oenditure ons regarding type of information constituent/supporter for car or travel outside Texas (complete	mpaign/office prupose	s				
9	Name of perso	n(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addi	tional pages if neces	sary)		
1	0 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date	
1	4 Means of trans	sportation		15 Purpose of trave				

Austin, Texas 78711-2070

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

The WSTRUCTION	N GUIDE explains how to compl	ete this form.		1 PAGE#	-		
THE BISTINGCTION	N COIDE EXPIRITS HOW to comp.			Schedule: 15/	27 Rep	ort: 89/101	
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	Commission filers)	
4 Date	5 Payee name Lopez Restaurant				7 Amount (\$)		
04/18/2007	6 Payee address; C 11606 S. Wilcrest Drive Houston, TX 77031	ity; State; Zip Code			X poli	\$59.71 mbursement from tical contributions nded	
Meeting with	nenditure as regarding type of information constituent/supporter for can be travel outside Texas (complete ans) traveling on whose behalf the	paign/office prupose					
9 Name of persor	n(s) traveling on whose behalf th	e experialiture for traver	was made (attach addit	ional pages il necess	sary)		
10 Departure city	location	11 Departure date 12 Destination city / location				13 Arrival date	
14 Means of trans	portation		15 Purpose of travel				
4 Date	5 Payee name Michael Meyers Campa	ign Consultant	-		7	Amount (\$)	
02/01/2007	6 Payee address: C 7222 Belerive # 2505 Houston, TX 77036	city; State; Zip Code			X poli	\$520.00 mbursement from tical contributions inded	
Campaign M	Denditure ns regarding type of information anager services or travel outside Texas (complete						
9 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addi	tional pages if necess	sary)	100000000000000000000000000000000000000	
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date	
14 Means of trans	sportation	L	15 Purpose of travel				

Michael Meyers Campaign Consultant 05/04/2007 6 Payee address; City; State: Zip Code 7222 Belerive # 2505 Houston, TX 77036 8 Purpose of expenditure (See instructions regarding type of information required.) Campaign Manager services 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)	shount (\$) \$150.00
Michael Meyers Campaign Consultant 05/04/2007 6 Payee address; City; State: Zip Code 7222 Belerive # 2505 Houston, TX 77036 8 Purpose of expenditure (See instructions regarding type of information required.) Campaign Manager services 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)	\$150.00 ement from
8 Purpose of expenditure (See instructions regarding type of information required.) Campaign Manager services Payment for travel outside Texas (complete boxes 9-15) Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)	ement from
(See instructions regarding type of information required.) Campaign Manager services Payment for travel outside Texas (complete boxes 9-15) 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 A	
	Arrival date
14 Means of transportation 15 Purpose of travel	
OID THE BUILD ALL DO NO.	mount (\$)
03/19/2007 6 Payee address: City; State: Zip Code 10410 Hemstead Rd Houston, TX 77092 Reimburse political cointended	\$16.85 ement from ontributions
8 Purpose of expenditure (See instructions regarding type of information required.) Campaign Truck supplies ☐ 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 A	Arrival date
14 Means of transportation 15 Purpose of travel	

P.O.Box 12070

Th	e Instruction	N GUIDE explains how to comp	olete this form.		1 PAGE# Schedule: 17/	27 Rep	ort: 91/101	
FIL	LER NAME	Meyers, W. A. (Mr.)	-,		3 ACCOUNT# 0000	(Ethics C	commission filers)	
1 1	Date	5 Payee name People PC . Com				7 Amount (\$)		
01/02/2007 6 Payee address; City; State; Zip Code P.O. Box 26909 San Francisco, CA 94126					X poli	\$10.95 mbursement from tical contributions nded		
(Se		penditure ns regarding type of information ice Provider for Campaign V						
		or travel outside Texas (complete						
) Na	ame of perso	n(s) traveling on whose behalf the	he expenditure for travel	was made (attach add	tional pages if neces:	sary)		
10 De	Departure city / location 11 Departure date 12 Destination city / location				location	13 Arrival date		
14 Me	eans of trans	portation	1	15 Purpose of trave				
	Date /09/2007	P.O. Box 26909	City; State; Zip Code			7	Amount (\$) \$10.95	
		San Francisco, CA 94	126			X poli	mbursement from tical contributions ended	
(S	nternet Sen	penditure ons regarding type of information vice Provider for Campaign V or travel outside Texas (complet	Veb Site					
9 Na	ame of perso	on(s) traveling on whose behalf	the expenditure for travel	was made (attach add	itional pages if neces	sary)		
10 De	eparture city	/ location	11 Departure date	12 Destination city	location		13 Arrival date	
14 M	leans of trans	sportation	1	15 Purpose of trave	ıl			

SCHEDULE G

1-800-325-8506

		- Article Control of the Control of				
The INSTRUCTIO	on Guide explains how to compl	ete this form.		1 PAGE # Schedule: 18/	'27 Rep	ort: 92/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	ommission filers)
4 Date	5 Payee name People PC . Com				7	Amount (\$)
04/06/2007	6 Payee address; C P.O. Box 26909 San Francisco, CA 941;	ty; State; Zip Code			X polit	\$10.95 inbursement from ical contributions inded
Internet Serv	ns regarding type of information ovice Provider for Campaign W	eb Site				
	or travel outside Texas (complete on(s) traveling on whose behalf th		was made (attach addit	ional pages if neces	sary)	
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of trans	sportation		15 Purpose of travel			
4 Date	5 Payee name People PC Com				7	Amount (\$)
05/03/2007	6 Payee address; C P.O. Box 26909 San Francisco, CA 941	ity; State; Zip Code			X poli	\$10.95 mbursement from itical contributions inded
Internet Sen	openditure ons regarding type of information vice Provider for Campaign W for travel outside Texas (complete	eb Site				
9 Name of person	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addi	tional pages if neces	ssary)	
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of tran	sportation	1	15 Purpose of travel			

1-800-325-8506

POLITICAL EXPENDITURES

MADE	FROM PERSON	IAL FUNDS				
The Instruction	N GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 19/	27 Rep	ort: 93/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	commission filers)
4 Date	5 Payee name Pep Boys Auto Parts				7	Amount (\$)
03/14/2007	6 Payee address; C 7525 Southwest Frwy Houston, TX 77074	City; State; Zip Code	***************************************		X poli	\$143.37 mbursement from ical contributions nded
Expenses for	penditure ns regarding type of information Campaign Truck - bed liner or travel outside Texas (complete n(s) traveling on whose behalf the	e boxes 9-15)	was made (attach addit	onal pages if necess	sary)	
			·			
10 Departure city	/ location	11 Departure date	12 Destination city / !		13 Arrival date	
14 Means of trans	portation	I	15 Purpose of travel			
4 Date 03/16/2007	5 Payee name Pep Boys Auto Parts 6 Payee address; 7525 Southwest Frwy Houston, TX 77074	City; State; Zip Code			X poli	Amount (\$) \$31.34 mbursement from tical contributions nded
Expenses fo	ons regarding type of information r Campaign Truck - Whipers or travel outside Texas (complet	e boxes 9-15)				
9 Name of perso	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addit	ional pages if neces	sary)	
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of trans	sportation	L.	15 Purpose of travel			L
			•			

The INSTRUCTIO	N GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 20/	27 Rep	ort: 94/101	
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	commission filers)	
4 Date	5 Payee name Pep Boys Auto Parts				7	Amount (\$)	
03/17/2007	6 Payee address; C 7525 Southwest Frwy Houston, TX 77074	ity; State; Zip Code			X poli	\$45.82 mbursement from tical contributions nded	
Expenses for	ns regarding type of information r Campaign Truck - Steering	Wheel Cover					
	or travel outside Texas (complete n(s) traveling on whose behalf the		was made (attach addit	ional pages if neces	sary)		
	,,,			•			
0 Departure city / location 11 Departure date 12 Destination city / location				ocation	13 Arrival date		
14 Means of trans	portation		15 Purpose of travel				
			1				
4 Date	5 Payee name Pep Boys Auto Parts				7	Amount (\$)	
03/18/2007	6 Payee address; (7525 Southwest Frwy Houston, TX 77074	City: State: Zip Code			X poli	\$62.05	
Expenses fo	penditure penditure pros regarding type of information r Campaign Truck - bed liner or travel outside Texas (complete				1		
	on(s) traveling on whose behalf the		was made (attach addit	ional pages if neces	sary)	**	
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date	
14 Means of trans	sportation		15 Purpose of travel				

SCHEDULE G

1-800-325-8506

The Instruction	N Guide explains how to comp	lete this form.		1 PAGE # Schedule: 21/	27 Rep	oort: 95/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics (Commission filers)
4 Date	5 Payee name Raia, Terese				7	Amount (\$)
05/11/2007	6 Payee address; C 1 Turnaround Ct. Sugar Land, TX 77478	City; State; Zip Code			X poli	\$45.00 mbursement from tical contributions ended
	penditure ns regarding type of information ent for Republican Party eve				,	
	or travel outside Texas (complete n(s) traveling on whose behalf the		was made (attach additi	onal pages if necess	sary)	
10 Departure city /	Departure city / location 11 Departure date 12 Destination city / location				13 Arrival date	
14 Means of trans	portation		15 Purpose of travel			
4 Date	5 Payee name Simple Host		1		7	Amount (\$)
03/19/2007	6 Payee address; 0 52 Westerville Sq. # 24 Westerville, OH 4308	City; State; Zip Code 0			X pol	\$14.95 imbursement from itical contributions ended
Campaign Er	benditure ns regarding type of information mail/Web Site Host or travel outside Texas (complete					
9 Name of perso	n(s) traveling on whose behalf to	ne expenditure for travel	was made (attach addit	ional pages if neces	sary)	
10 Departure city	/ location	11 Departure date	12 Destination city /	ocation		13 Arrival date
14 Means of trans	portation		15 Purpose of travel			1
			<u> </u>			

SCHEDULE G

1-800-325-8506

The Instruction	N Guide explains how to comp	lete this form.		1 PAGE # Schedule: 22/	27 Rep	ort: 96/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	commission filers)
4 Date 04/17/2007	5 Payee name Simple Host 6 Payee address; 52 Westerville Sq. # 24 Westerville,, OH 43081		***************************************		X poiil	Amount (\$) \$90.00 Inbursement from from the contributions
Campaign E	ons regarding type of information mail/Web Site Host or travel outside Texas (complete	e boxes 9-15)				nded
Name of perso	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addit	ional pages if neces	sary)	
10 Departure city	location	11 Departure date	12 Destination city /	ocation		13 Arrival date
14 Means of trans	sportation		15 Purpose of travel	100-01-2-10-2-10-2-1		
4 Date	5 Payee name Snapper Jack's Seafoo	d Restaurant	<u> </u>		7	Amount (\$)
01/08/2007	6 Payee address; 8125 Jones Road Houston, TX 77065	City; State; Zip Code			X poli	\$34.74 mbursement from tical contributions nded
Meeting with	penditure ons regarding type of information a supporter/constituent for travel outside Texas (complet on(s) traveling on whose behalf t	e boxes 9-15)	was made (attach addi	tional pages if neces	sary)	
10 Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of tran	sportation		15 Purpose of travel			
			4	Control Checker by Hills		

=	The Instruction	N GUIDE explains how to compl	ete this form.		1 PAGE # Schedule: 23/	27 Repo	ort: 97/101
2	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000		ommission filers)
4	Date	5 Payee name Sugar Creek Country Cli	ub			7	Amount (\$)
	03/22/2007	6 Payee address; C 420 Sugar Creek Blvd Sugar Land, TX 77478	tty; State; Zip Code	*** ***********		X polit	\$322.00 mbursement from ical contributions inded
8	(See instruction County Club	penditure ons regarding type of information of used exclusively for campaig or travel outside Texas (complete	n/office purposes dur	ing period			
9	Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	
10	Departure city	/ location	11 Departure date	12 Destination city / I	ocation		13 Arrival date
14	Means of trans	portation		15 Purpose of travel			
4	Date	5 Payee name Sugar Land Rotary		<u> </u>		7	Amount (\$)
	01/24/2007	6 Payee address; C 4400 Palm Royale Drive Sugar Land, TX 77479	ity; State; Zip Code	***********		X poli	\$30.00 mbursement from tical contributions nded
8	(See instruction Rotary Meeting Payment for	ns regarding type of information ing or travel outside Texas (complete	e boxes 9-15)				
9	Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addi	tional pages if neces	sary)	
1	Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date
	1 Means of trans	sportation	L	15 Purpose of travel		*	L
1	T MEGIS OF TAIL						
1	Theats of gale			1			

THE MATROCHO	N GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 24/	27 Report: 98/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics Commission filers)
4 Date	5 Payee name Texas Land & Cattle Re	estaurant			7 Amount (\$)
03/13/2007	6 Payee address; C 12710 Southwest Frwy Stafford, TX 77477	City; State; Zip Code		**************	\$31.46 Reimbursement from political contributions intended
Meeting with	or travel outside Texas (complete	npaign/office purpose	es		
	n(s) traveling on whose behalf th		was made (attach additi	onal pages if neces	sary)
10 Departure city	/ location	11 Departure date	12 Destination city / I	ocation	13 Arrival date
14 Means of trans	sportation		15 Purpose of travel		
4 Date	5 Payee name The Planet.com				7 Amount (\$)
04/16/2007	6 Payee address; (P.O. Box 26909 Sand Francisco, CA 94	City; State; Zip Code			Reimbursement from political contributions intended
8 Purpose of ex (See instruction Campaign W	P.O. Box 26909 Sand Francisco, CA 94 penditure ons regarding type of information /eb Site Hosting/Internet Cor	required.)			Reimbursement from political contributions
8 Purpose of ex. (See instruction Campaign W	P.O. Box 26909 Sand Francisco, CA 94 penditure ons regarding type of information	required.) enection e boxes 9-15)		ional pages if neces	Reimbursement from political contributions intended
8 Purpose of ex. (See instruction Campaign W	P.O. Box 26909 Sand Francisco. CA 94 penditure ons regarding type of information /eb Site Hosting/Internet Cor or travel outside Texas (completents) traveling on whose behalf the	required.) enection e boxes 9-15)			Reimbursement from political contributions intended
8 Purpose of ex, (See instruction Campaign William Payment for Pay	P.O. Box 26909 Sand Francisco, CA 94 penditure ons regarding type of information /eb Site Hosting/Internet Cor or travel outside Texas (complete on(s) traveling on whose behalf to	required.) enection e boxes 9-15) he expenditure for travel	was made (attach addit	location	Reimbursement from political contributions intended
8 Purpose of ext (See instruction Campaign Williams Payment for Payment for 10 Departure city	P.O. Box 26909 Sand Francisco, CA 94 penditure ons regarding type of information /eb Site Hosting/Internet Cor or travel outside Texas (complete on(s) traveling on whose behalf to	required.) enection e boxes 9-15) he expenditure for travel	was made (attach addit	location	Reimbursement from political contributions intended

The Instruction	Guide explains how to compl	ete this form.		1 PAGE# Schedule: 25/	27 Rep	ort: 99/101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	Commission filers)
4 Date 05/16/2007	5 Payee name The Planet.com 6 Payee address; C	ity; State; Zip Code			7	Amount (\$) \$10.66
	P.O. Box 26909 Sand Francisco, CA 94	126			X poli	mbursement from tical contributions nded
	enditure ns regarding type of information eb Site Hosting/Internet Con					
	r travel outside Texas (complete n(s) traveling on whose behalf th		was made (attach addit	onal pages if necess	sary)	
10 Departure city /	location	11 Departure date	12 Destination city / I	ocation		13 Arrival date
14 Means of trans	portation		15 Purpose of travel			
4 Date 06/16/2007	5 Payee name The Planet.com 6 Payee address; C P.O. Box 26909 Sand Francisco, CA 94	City; State; Zip Code			X poli	Amount (\$) \$10.66 mbursement from tical contributions nded
Campaign W	ns regarding type of information leb Site Hosting/Internet Con or travel outside Texas (complete	nection a boxes 9-15)				
9 Name of perso	n(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addit	ional pages if neces	sary)	
10 Departure city	location	11 Departure date	12 Destination city /	location		13 Arrival date
14 Means of trans	portation		15 Purpose of travel			

P.O.Box 12070

The INSTRUCTION	NG Guide explains how to compl	ete this form.		1 PAGE# Schedule: 26/	27 Report: 100/	101
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics Commission	filers)
4 Date	5 Payee name Tractor Supply				7 Amou (\$)	nt
04/23/2007	6 Payee address; C 1903 First Street Rosenberg, TX 77459	ity; State; Zip Code			Reimburseme	
T-Posts for v	penditure ons regarding type of information of the second	gns				
9 Name of person	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	onal pages if neces	sary)	
10 Departure city	/ location	11 Departure date	12 Destination city / I	ocation	13 Arriv	al date
14 Means of trans	sportation		15 Purpose of travel	The second second	k	
4 Date	5 Payee name Windstream Telephone				7 Amou (\$)	
02/27/2007	6 Payee address: C 8306 Hwy 90A Sugar Land, TX 77478	lity; State; Zip Code	*****************		Reimburseme	
Campaign p	ons regarding type of information whone & Campaign Web Site I for travel outside Texas (complete	nternet Connection				
	(-) traveline on whom hehalf th	ne expenditure for travel	was made (attach addit	ional pages if neces	sary)	
9 Name of pers	on(s) traveling on whose denall ti					
9 Name of pers 10 Departure city		11 Departure date	12 Destination city /	location	13 Arriv	val date
	y / location	11 Departure date	12 Destination city i 15 Purpose of travel		13 Arriv	val date
10 Departure city	y / location	11 Departure date			13 Arri	val date

The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 27/	27 Report: 101/101	
FILER NAME	Meyers, W. A. (Mr.)	***		3 ACCOUNT# 0000	(Ethics Commission filer	s)
Date 04/12/2007	5 Payee name Windstream Telephone 6 Payee address; C	city; State; Zip Code			7 Amount (\$)	881.8
	8306 Hwy 90A Sugar Land, TX 77478				Reimbursement fi political contributi intended	
Campaign pl	ons regarding type of information hone for travel outside Texas (complete on(s) traveling on whose behalf the	e boxes 9-15)	was made (attach addi	tional names if necess	sanv)	
Departure city		11 Departure date	12 Destination city /		13 Arrival d	ate
4 Means of trans						
• Means of trans	sportation		15 Purpose of travel			
· Means of trans	Sportation		15 Purpose of travel			
4 Means of trains	Sportation		15 Purpose of travel			
4 Means of trans	Sportation		15 Purpose of travel			