CANDIDATE	= 1	OF	FICE	HO	LDER
CAMPAIGN	FI	NA	NCE	RE	PORT

P.O. Box 12070

# FORM C/OH COVER SHEET PG 1

		f	7 FF -9 FH12: 0
The C/OH Instruction G	UIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 043	2 Total pages this report:
3 CANDIDATE/	TITLE FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Bob		
NAME	NICKNAME LAST Hebert	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #;  1303 Foster Creek Drive	CITY; STATE; ZIP CODE	
Change of Address	Richmond TX 77469		Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE FIRST Pat	МІ	Receipt # Amount
	NICKNAME LAST	SUFFIX	
	Hebert		Date Processed
			Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / St 1303 Foster Creek Richmond TX 77469	UITE#; CITY: STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  ( ) -	EXTENSION	
8 REPORT TYPE	January 15 30th day before election 30th day before election 3 sth day before 2 sth day 5 sth da		15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THF 01/01/2007	ROUGH Day	
10 ELECTION	ELECTION DATE ELECTION  Month Day Year  Prime	7-10-75.	General Special
11 OFFICE	OFFICE HELD (if sny) Other Fort Bend County Jud - ge	12 OFFICE SOUGHT (if know	rn)
DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign of Candidates are required to disclose this information		
BY OTHER INDIVIDUALS	Name		
	Address/PO Box; Apt. / Suite #; City; State;	Zip Code	
additional pages			
	GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16ACCOUNT#(Ethics Commission filers)
17 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candida without the candidate's or officeholder's knowledge or consent. Candida of they receive notice of such expenditures.	date / officeholder. These expenditures also and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	,
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CHIEF AGAINAGE TREASURER RAWE	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 235.00
	1 100	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 96,600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ 60.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 75,137.14
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D PORTING PERIOD	\$ 72,243.95
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TO AY OF THE REPORTING PERIOD	\$ 0.00
19 AFFIDAVIT		Lawrence or officer under popular of	perjury, that the accompanying report
Note	D'Neal Krisch ary Public, State of Ti ly Commission Expire April 2, 2011	is true and correct and includes all me under Title 15, Election Code.	Information required to be reported by
AFFIX NOTARY STAN	IP / SEAL ABOVE	Signature of Cano	didate or Officeholder
Sworn to and subscr		rtify which, witness my hand and seal of office.	this the 9th day
Diversion of Signature of officer as	Krisc	Q Diveal Krisch	itle of officer administering oath
A District on annual of some	- Janes	i i i i i i i i i i i i i i i i i i i	and or officer distributioning Date

	The Instruction	N GUIDE explains how to complete this form.		1 Total pages this 3/43	
	FILER NAME Bob Hebert			3 ACCOUNT# 043	(Ethics Commission filers)
	Date	5 Full name of contributor  uu-of-state PAC(ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
	05/03/2007	6 Contributor address; City; State; Zip Code 10834 Lasso Lane		100.00	
	Principal occupa	Houston TX 77079 ation (Optional)	10 Employer (Option	al)	
			,		
	Date	Full name of contributor  ut-of-state PAC(ID# Oscar Aguirre		Amount of contribution (\$)	In-kind contribution description (if applicable
	03/10/2007	Contributor address; City; State; Zip Code 16358 Ginger Run Way		750.00	
		Sugar Land TX 77478			
	Principal occup	ation (Optional)	Employer (Option	ai)	
	Date	Full name of contributor  out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable
	03/07/2007	Contributor address; City; State; Zip Code 3200 Southwest Freeway, Suite 2600  Houston TX 77027		2500.00	
	Principal occup	pation (Optional)	Employer (Option	Iai)	1
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
	02/23/2007	Contributor address; City; State; Zip Code 600 Travis, suite 4200		1500.00	
		Houston TX 77479-5553			İ
	Principal occup	pation (Optional)	Employer (Option	nal)	
	Date	Full name of contributor  uut-of-state PAC(ID#_Nicholas Aschliman	)	Amount of contribution (\$)	In-kind contribution description (if applicable
	03/30/2007	Contributor address; City; State; Zip Code 4129 University Blvd.		500.00	
		Houston TX 77005-2713			1
	Principal occu	pation (Optional)	Employer (Option	nal)	1
iete		entidades promotivas por un articologica y alternativo de la secución activo de consecuente de la consecuente della cons			

P.O.Box 12070

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

(512)463-5800

The Instructio	N GUIDE explains how to complete this form.	1 Tota	al pages this report: 4/43
FILER NAME Bob Hebert		3 AC	COUNT # (Ethics Commission filers)
Date	5 Full name of contributor  uut-of-state PAC(ID#	) 7 Am	nount of   8
02/21/2007	6 Contributor address; City; State; Zip Code 4311 Sealy Court	1	1500.00
	Richmond TX 77469		
Principal occup	ation (Optional)	10 Employer (Optional)	-
Date	Full name of contributor  ut-of-state PAC(ID#		nount of In-kind contribution ibution (\$) description (if applicable
02/26/2007	Contributor address; City; State; Zip Code 13614 Fawcett Dr.	1	1500.00
	Houston TX 77069-2454		
Principal occup	pation (Optional)	Employer (Optional)	
Date	Full name of contributor		nount of In-kind contribution ibution (\$) description (if applicable
03/26/2007	Contributor address; City; State; Zip Code 1124 Damon		600.00
	Rosenberg TX 77471		
Principal occup	pation (Optional)	Employer (Optional)	
Date	Full name of contributorout-of-state PAC(ID# Susan Bauhof		nount of In-kind contribution ribution (\$) description (if applicable
05/02/2007	Contributor address; City; State; Zip Code 16126 Abberton Hill Drive		100.00
	Spring TX 77379		İ
Principal occup	pation (Optional)	Employer (Optional)	
Date	Full name of contributor  out-of-state PAC(ID#		mount of In-kind contribution ribution (\$) description (if applicable
02/28/2007	Contributor address; City; State; Zip Code 162 Bluebonnet		125.00
	Sugar Land TX 77478		i
Principal occu	pation (Optional)	Employer (Optional)	

Texas Ethics Commission

The Instruction	N GUIDE explains how to complete this form.		1 Total pages this 5/4:	
FILER NAME Bob Hebert			3 ACCOUNT#	(Ethics Commission filers)
Date	5 Full name of contributor  uut-of-state PAC(ID# Berg-Oliver PAC		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
03/05/2007	6 Contributor address; City; State; Zip Code 14701 Saint Marys Ln. Suite 400 Houston TX 77079		125.00	
Principal occup	ration (Optional)	10 Employer (Options	al)	
Date	Full name of contributor  ut-of-state PAC(ID# Out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
03/24/2007	Contributor address; City; State; Zip Code 2111 Summerland Dr.		125.00	
Principal occup	Richmond TX 77469 pation (Optional)	Employer (Option	al)	İ
				1
Date	Full name of contributor  out-of-state PAC(ID#	)	Amount of contribution (\$)	in-kind contribution description (if applicable
05/01/2007	Contributor address; City; State; Zip Code 2902 Highland Laurels Dr.		200.00	
	Humble TX 77345	T =		<u> </u>
Principal occup	pation (Optional)	Employer (Optional)		
Date	Full name of contributor  out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable
03/05/2007	Contributor address; City; State; Zip Code 210 N. Keswick	************	1500.00	
	Sugar Land TX 77478			
Principal occu Retired	pation (Optional)	Employer (Option	nal)	
Date	Full name of contributor  out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable
03/29/2007	Contributor address; City; State; Zip Code 2522 Plantation Ln.		125.00	
	Sugar Land TX 77478			
Principal occu	pation (Optional)	Employer (Option	nal)	
	CONTRACTOR OF THE CONTRACTOR O			

Texas Ethics Commission

P.O.Box 12070

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

1-800-325-8506

The Instruction	N GUIDE explains how to complete this form.		1 Total pages this 6/43	
FILER NAME Bob Hebert			3 ACCOUNT # 043	(Ethics Commission filers)
Date	5 Full name of contributor  out-of-state PAC(ID# Tom Brown	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/07/2007	6 Contributor address; City; State; Zip Code 40834 Kelley		250.00	
	Hempstead TX 77445			1
Principal occup	ation (Optional)	10 Employer (Optional	al)	-
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
03/05/2007	Contributor address; City; State; Zip Code 7600 W. Tidwell,Suite 400		1250.00	***************************************
Principal occup	Houston TX 77040 ation (Optional)	Employer (Optiona	al)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
06/30/2007	Contributor address; City; State; Zip Code 4315 Whickham		2500.00	
Principal occup	Fulshear TX 77441 ation (Optional)	Employer (Options	al)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable
02/28/2007	Contributor address; City; State; Zip Code 4806 Lantana Court		125.00	
Principal occur	Sugar Land TX 77479 pation (Optional)	Employer (Option	al)	İ.
Date	Full name of contributor  out-of-state PAC(ID# Carter & Burgess PAC	)	Amount of contribution (\$)	In-kind contribution description (if applicable
03/26/2007	Contributor address; City; State; Zip Code 55 Waugh Dr. Suite 800		1500.00	
	Houston TX 77007			
Principal occup	oation (Optional)	Employer (Option	al)	
				Primer value than the Present on Longo- or half with the

P.O.Box 12070

		T	4 -	
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this 7/43	
FILER NAME Bob Hebert			3 ACCOUNT#	(Ethics Commission filers)
Date	5 Full name of contributor  ut-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
03/02/2007	6 Contributor address; City; State; Zip Code 11501 Ivory Creek Pearland TX 77584		250.00	
Principal occup	ation (Optional)	10 Employer (Optional	al)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
03/07/2007	Contributor address; City; State; Zip Code 12102 Arroyo Verde		750.00	
Principal occup	Houston TX 77041-5749 pation (Optional)	Employer (Optional	al)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable
03/02/2007	Contributor address; City; State; Zip Code 8101 Desert Jewel Circle		500.00	
Principal occup Developer	Las Vegas NV 89128 pation (Optional)	Employer (Option	al)	
Date	Full name of contributor  out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
03/08/2007	Contributor address; City; State; Zip Code 2211 Mcduffie		2500.00	
	Houston TX 77019			1
Principal occup Engineer	pation (Optional)	Employer (Option	al)	•
Date	Full name of contributor  out-of-state PAC(ID# Kay Crouch		Amount of contribution (\$)	In-kind contribution description (if applicable
02/28/2007	Contributor address; City; State; Zip Code 402 Teetshorn		125.00	
	Houston TX 77009			1
		Employer (Option		

P.O.Box 12070

FILER NAME			8/43	3
Bob Hebert			3 ACCOUNT# 043	(Ethics Commission filers)
Date	5 Full name of contributor  out-of-state PAC(ID# Ernie Croucher		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
03/02/2007	6 Contributor address; City; State; Zip Code		125.00	 
Principal occupa	ation (Optional)	10 Employer (Optional	al)	
Date	Full name of contributor  out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
03/31/2007	Contributor address; City; State; Zip Code 5005 RiverWay Suite 310		250.00	
Principal occupa	Houston TX 77056 ation (Optional)	Employer (Optiona	al)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
04/23/2007	Contributor address; City; State; Zip Code 3100 w. Alabama		2500.00	
Principal occupa	Houston TX 77098 ation (Optional)	Employer (Options	al)	
Date	Full name of contributor  ut-of-state PAC(ID#_Robert Deforest		Amount of contribution (\$)	In-kind contribution description (if applicable
03/10/2007	Contributor address; City; State; Zip Code 7519 Stone Arbor Dr.		750.00	
	Sugar Land TX 77479 ation (Optional)	Employer (Options	al)	
Date	Full name of contributor  out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
03/21/2007	Contributor address; City; State; Zip Code 800 Victoria Drive		250.00	
Principal accur	Houston TX 77022 pation (Optional)	Employer (Option	21)	
Engineer	values (Optional)	Employer (Option	ui)	

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this 9/43	
FILER NAME Bob Hebert			3 ACCOUNT# 043	(Ethics Commission filers)
Date	5 Full name of contributor  out-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
03/07/2007	6 Contributor address; City; State; Zip Code 1126 Banks St.		1250.00	
	Houston TX 77006			
Principal occup	pation (Optional)	10 Employer (Optional	al)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
03/05/2007	Contributor address; City; State; Zip Code 29442 Hegar Road Hockley TX 77447	*******	1250.00	
Principal occu	pation (Optional)	Employer (Option	al)	1
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicab
03/10/2007	Contributor address; City; State; Zip Code 4800 Sugar Grove,#625 Stafford TX 77477	****************	750.00	
Principal occu Engineer	pation (Optional)	Employer (Option	ai)	1
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicab
03/15/2007	Contributor address; City; State; Zip Code 4055 International Plaza, Suite 200 Fort Worth TX 76109		200.00	
Principal occu	pation (Optional)	Employer (Option	ai)	
Date	Full name of contributor  ut-of-state PAC(ID#_Mrs. O.D. Gaither		Amount of contribution (\$)	In-kind contribution description (if applicab
03/24/2007	Contributor address; City; State; Zip Code 2 W. Kitty Hawk St.  Richmond TX 77469-9710		100.00	
Principal occu	pation (Optional)	Employer (Option	nal)	American Company of the Company of t
			-	

Texas Ethics Commission

	The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this 10/4	
2	FILER NAME Bob Hebert			3 ACCOUNT# 043	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC(ID#_Roger Galatas		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/22/2007	6 Contributor address; City; State; Zip Code P.O. Box 131598		250.00	 
		The Woodlands TX 77393			
9	Principal occup	ation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/23/2007	Contributor address; City; State; Zip Code 3903 Turn Berry Dr.  Sugar Land TX 77479		2500.00	
_	Principal occup Engineer	pation (Optional)	Employer (Option	al)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/10/2007	Contributor address; City; State; Zip Code 20414 Chadbury Park Drive  Katy TX 77450		750.00	
	Principal occup	Dation (Optional)	Employer (Option	nal)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/29/2007	Contributor address; City; State; Zip Code 2386 Calypso Lane League City TX 77573		500.00	
	Principal occup	pation (Optional)	Employer (Option	nal)	
	Date	Full name of contributor  out-of-state PAC(ID#_Susan Hargarther	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/19/2007	Contributor address; City; State; Zip Code 3315 Falling Brook Ct.		100.00	
		Sugar Land TX 77479			
	Principal occu Printer	pation (Optional)	Employer (Option	nal)	

	The Instructio	N GUIDE explains how to complete this form.		1 Total pages this	
	FILER NAME Bob Hebert			3 ACCOUNT#	(Ethics Commission filers)
	Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	01/19/2007	6 Contributor address; City; State; Zip Code 1303 Foster Creek		6200.00	
		Richmond TX 77469			,
F	Principal occupa	ation (Optional)	10 Employer (Options	al)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/12/2007	Contributor address; City; State; Zip Code 3411 Creekstone Dr.		100.00	
		Sugar Land TX 77479			1
	Principal occup	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable
	03/05/2007	Contributor address; City; State; Zip Code 3126 E. Hickory Park Circle		125.00	
_		Sugar Land TX 77479			Ì
	Principal occup	ation (Optional)	Employer (Option	ial)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
	03/09/2007	Contributor address; City; State; Zip Code 3135 Hickory Park Circle		125.00	
		Sugar Land TX 77479			İ
	Principal occup	pation (Optional)	Employer (Option	nal)	
	Date	Full name of contributor  out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
	03/01/2007	Contributor address; City; State; Zip Code 1106 Morton League		125.00	
		Richmond TX 77469			
	Principal occup	pation (Optional)	Employer (Option	nai)	

Texas Ethics Commission

The Instruc	TION GUIDE explains how to complete this form.		1 Total pages this in 12/4	
FILER NAM Bob Hebe			3 ACCOUNT# 043	(Ethics Commission filers)
Date	Full name of contributor    out-of-state PAC(ID# Kim Icenhower		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/28/2007	6 Contributor address; City; State; Zip Code 3019 Arrowhead Dr.		125.00	
	Sugar Land TX 88479			
Principal occ	upation (Optional)	10 Employer (Optional	al)	
Date	Full name of contributor  out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
03/29/2007	Contributor address; City; State; Zip Code 803 San Marino Sugar Land TX 77478		500.00	
Principal occ Financial P	supation (Optional)	Employer (Option	al)	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
03/26/2007	Contributor address; City; State; Zip Code 15015 Pebble Bend  Houston TX 77068		250.00	
Principal occ	cupation (Optional)	Employer (Option	al)	
Date	Full name of contributor  out-of-state PAC(ID#  James Johnson	)	Amount of contribution (\$)	In-kind contribution description (if applicable
05/02/200	7 Contributor address; City; State; Zip Code 46 Still Forest Drive		300.00	
Principal oc	cupation (Optional)	Employer (Option	al)	L
Date	Full name of contributor  ut-of-state PAC(ID# Patricia Joiner	)	Amount of contribution (\$)	In-kind contribution description (if applicable
03/24/200	7 Contributor address; City; State; Zip Code 8588 Katy Freeway, Suite 441 Houston TX 77024-1820		250.00	
Principal oc	cupation (Optional)	Employer (Option	lal)	
Principal oc	cupation (Optional)	Employer (Option	aij	

P.O.Box 12070

The Instruction	N GUIDE explains how to complete this form.		1 Total pages this	
FILER NAME Bob Hebert			3 ACCOUNT # 043	(Ethics Commission filers)
Date	5 Full name of contributor  uut-of-state PAC(ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
03/07/2007	6 Contributor address; City; State; Zip Code 3101 Huntington Ct.		2500.00	
	Katy TX 77493			İ
Principal occup	ation (Optional)	10 Employer (Options	al)	
Date	Full name of contributor  ut-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
03/10/2007	Contributor address; City; State; Zip Code P.O. Box 1129  Richmond TX 77406-1129		250.00	 
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor  uut-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
03/30/2007	Contributor address; City; State; Zip Code 1736 Milford  Houston TX 77098		1500.00	
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor  out-of-state PAC(ID#_Calvin Ladner		Amount of contribution (\$)	In-kind contribution description (if applicable
03/10/2007	Contributor address; City; State; Zip Code 1720 Libby  Houston TX 77018		2500.00	
Principal occup	pation (Optional)	Employer (Option	nal)	1
Date	Full name of contributor  out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/11/2007	Contributor address; City; State; Zip Code 9430 Benning	*************	250.00	
	Houston TX 77031			İ
Principal occu Tax Consulta	pation (Optional) ant	Employer (Option	nal)	

P.O.Box 12070

The Instruction	N GUIDE explains how to complete this form.		1 Total pages this	
FILER NAME Bob Hebert			3 ACCOUNT#	(Ethics Commission filers)
Date	5 Full name of contributor  ut-of-state PAC(ID# Ben Lednicky		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
03/03/2007	6 Contributor address; City; State; Zip Code P. O. Box 770217		125.00	[
	Houston TX 77215			İ
Principal occup Landscape A	ation (Optional)	10 Employer (Optional	ai)	
Date	Full name of contributor  ut-of-state PAC(ID# CC Lee		Amount of contribution (\$)	In-kind contribution description (if applicable
02/26/2007	Contributor address; City; State; Zip Code 6213 Skyline Houston TX 77057		125.00	
Principal occup	ration (Optional)	Employer (Options	al)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable
03/10/2007	Contributor address; City; State; Zip Code 720 Glenover Dr.  Alpharetta GA 30004		1500.00	
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor  out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable
03/08/2007	Contributor address; City; State; Zip Code P.O. Box 36927  Houston TX 77236		1500.00	
Principal occu	Deation (Optional)	Employer (Option	ai)	
Date	Full name of contributor out-of-state PAC(ID#_Linebarger Goggan Blair & Sampson,LLP	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/28/2007	Contributor address; City; State; Zip Code P.O. Box 17428  Austin TX 78760		500.00	
Principal occu	pation (Optional)	Employer (Option	al)	
		L		

P.O.Box 12070

	The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this re	
?	FILER NAME Bob Hebert			3 ACCOUNT # 043	(Ethics Commission filers)
	Date	5 Full name of contributor  out-of-state PAC(ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/10/2007	6 Contributor address; City; State; Zip Code 22622 Arbor Stream Dr.		125.00	
		Katy TX 77450			
	Principal occup	pation (Optional)	10 Employer (Option	al)	
=	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/08/2007	Contributor address; City; State; Zip Code 5706 Garden Hills Dr. Sugar Land TX 77479		125.00	
	Principal occup	pation (Optional)	Employer (Option	al)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/07/2007	Contributor address; City; State; Zip Code 502 Hwy ()A	******	250.00	
_	Principal occup	Richmond TX 77469 pation (Optional)	Employer (Option	al)	
	Date	Full name of contributor  out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/02/2007	Contributor address; City; State; Zip Code P.O. Box 584  Barker TX 77413-0584	**************	500.00	
	Principal occup	pation (Optional)	Employer (Option	l ai)	L
	Date	Full name of contributor  out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/29/2007	Contributor address; City; State; Zip Code 1306 FM 1092	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	250.00	
		Missouri City TX 77459			L
	Principal occu	pation (Optional)	Employer (Option	nal)	

Texas Ethics Commission

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

(512)463-5800

THE MONICONE	N GUIDE explains how to complete this form.	1	1 Total pages this re	
			16/43	
FILER NAME Bob Hebert			3 ACCOUNT# 043	(Ethics Commission filers)
Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
03/22/2007	6 Contributor address; City; State; Zip Code 310 Morton St. #280		1500.00	
	Richmond TX 77469			
Principal occup	ation (Optional)	10 Employer (Options	al)	
Date	Full name of contributor  ut-of-state PAC(ID#  J. J. Martinez		Amount of contribution (\$)	In-kind contribution description (if applicable
04/14/2007	Contributor address; City; State; Zip Code 4511 Ave. H  Rosenberg TX 77471		250.00	
Principal occup	ation (Optional)	Employer (Option	al)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
02/23/2007	Contributor address; City; State; Zip Code 1614 Pecan Crossing Richmond TX 77469		1000.00	
Principal occup	pation (Optional)	Employer (Option	aal)	
Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description (if applicable
03/01/2007	Contributor address; City; State; Zip Code 5418 Cherry Ridge Rd.		125.00	
Principal occup Housewife	Richmond TX 77469 pation (Optional)	Employer (Option	l nai)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
03/10/2007	Contributor address; City; State; Zip Code 6911 Hickory Creek Lane		1500.00	
Principal occur	Dallas TX 75252 pation (Optional)	Employer (Option	nal)	
			***************************************	- Triberty - Paper Mentel

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this re	
FILER NAME Bob Hebert				(Ethics Commission filers)
Date	5 Full name of contributor  uut-of-state PAC(ID# Andre McDonald	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
03/29/2007	6 Contributor address; City; State; Zip Code P.O. Box 16819		100.00	
	Sugar Land TX 77496-6819		i	
Principal occup	ation (Optional)	10 Employer (Optional	al)	
Date	Full name of contributor  ut-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicab
03/05/2007	Contributor address; City; State; Zip Code P.O. Box 346 Richmond TX 77406-0346		125.00	
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicab
03/01/2007	Contributor address; City; State; Zip Code 1619 Long Dr.  Richmond TX 77469		125.00	
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor  ut-of-state PAC(ID#_ Lonnie Meadows		Amount of contribution (\$)	In-kind contribution description (if applicab
02/26/2007	Contributor address; City; State; Zip Code 205 Hillcrest		125.00	
	Richmond TX 77469			
Principal occur	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicab
05/03/2007	Contributor address; City; State; Zip Code 100 Airside Drive  Moon Township PA 15108		1500.00	
Principal occu	pation (Optional)	Employer (Option	al)	
-		1		

THE INSTRUCT	TION GUIDE explains how to complete this form.		1 Total pages this 18/4	
FILER NAM Bob Hebert			3 ACCOUNT # 043	(Ethics Commission filers)
Date	5 Full name of contributor  out-of-state PAC(ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
03/29/2007	6 Contributor address; City; State; Zip Code 13703 Barryknoll Houston TX 77079		2500.00	
Principal occu Engineer	upation (Optional)	10 Employer (Option	al)	L
Date	Full name of contributor  ut-of-state PAC(ID# Thomas Miller		Amount of contribution (\$)	In-kind contribution description (if applicable
03/03/2007	Contributor address; City; State; Zip Code 3193 Fannin Lane		125.00	1 1
Principal occu	Southlake TX 78092 upation (Optional)	Employer (Option	al)	
Date	Full name of contributor  out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
02/22/2007	Contributor address; City; State; Zip Code 900 Hillcrest		1000.00	 
Principal occu	Richmond TX 77469-4319 upation (Optional)	Employer (Option	al)	İ
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
04/30/2007	312 Breezeway Bend Land		300.00	
Principal occ	League City TX 77573 upation (Optional)	Employer (Option	al)	<u></u>
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable
03/05/2007	Contributor address; City; State; Zip Code 74 Lazy Lane		1500.00	
	The Woodlands TX 77380	T		<u>l</u>
	upation (Optional)	Employer (Option	ial)	

	N GUIDE explains how to complete this form.		1 Total pages this 19/4	
FILER NAME Bob Hebert			3 ACCOUNT # 043	(Ethics Commission filers)
Date	Full name of contributor    out-of-state PAC(ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
02/20/2007	6 Contributor address; City; State; Zip Code 5022 Cedar Spring Dr.		100.00	
	Missouri City TX 77459			
Principal occup	ation (Optional)	10 Employer (Optiona	al)	
Date	Full name of contributor  ut-of-state PAC(ID# Les Newton		Amount of contribution (\$)	In-kind contribution description (if applicable
02/22/2007	Contributor address; City; State; Zip Code 3506 Mesquite Dr.  Sugar Land TX 77479		1500.00	 
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
03/12/2007	Contributor address; City; State; Zip Code 4436 Holt St.  Bellaire TX 77401		125.00	
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor  out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicab
03/10/2007	Contributor address; City; State; Zip Code 3150 Robinson Road  Missouri City TX 77459		1500.00	
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor  out-of-state PAC(ID#_Mike Orsak	)	Amount of contribution (\$)	In-kind contribution description (if applicab
03/05/2007	Contributor address; City; State; Zip Code 301 s. 9th St. Suite 210 Richmond TX 77469	average constitu	100.00	
Principal occu	pation (Optional)	Employer (Option	nal)	

P.O.Box 12070

Perdue, Brandon, Fielder, Collins, & Mott LLP  03/10/2007 6 Contributor address; City; State; Zip Code   375.00   375.00    Principal occupation (Optional)   10 Employer (Optional)    Date   Full name of contributor   out-of-state PAC(ID#   Online Donald Poarch   Pacific Pacifi	The Instruction	N GUIDE explains how to complete this form.		1 Total pages this 20/4	
Perdue,Brandon,Fielder,Collins,& Mott LLP  03/10/2007   6 Contributor address; City; State; Zip Code 1235 North Loop w. Suite 600   Houston TX 77008   10 Employer (Optional)  Principal occupation (Optional)   10 Employer (Optional)  Date   Full name of contributor   out-of-state PAC(ID#					(Ethics Commission filers)
1235 North Loop w. Suite 600   Houston TX 77008	Date				8 In-kind contribution description (if applicable
Principal occupation (Optional)  Date   Full name of contributor   out-of-state PAC(ID#   Contribution (\$)   In-kind contribution (\$)   description (if application (\$)   out-of-state PAC(ID#   Contribution (\$)   out-of-state PAC(ID#   Cont	03/10/2007	1235 North Loop w. Suite 600		375.00	 
Bob Perry  Contributor address; City; State; Zip Code 2500.00  Principal occupation (Optional)  Employer (Optional)  Full name of contributor Donald Poarch  Contributor address; City; State; Zip Code 250.00  Date Full name of contributor Donald Poarch  Contributor address; City; State; Zip Code 250.00  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Date Full name of contributor out-of-state PAC(ID#	Principal occupa	AND THE PARTY OF T	10 Employer (Option	al)	
Principal occupation (Optional) Home Builder  Date  Full name of contributor	Date				In-kind contribution description (if applicable
Principal occupation (Optional)  Date  Full name of contributor contributor Donald Poarch  Contributor address; City; State; Zip Code Principal occupation (Optional)  Date  Full name of contributor contributor (S)  Contributor address; City; State; Zip Code Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Principal occupation (Optional)  Date  Full name of contributor out-of-state PAC(ID#	03/01/2007	P. O. Box 34153		2500.00	 
Date   Full name of contributor   out-of-state PAC(ID#   ) Amount of contribution (\$)   description (if apple of contributor address; 2 Hedwig Court   Houston TX 77024     Employer (Optional)    Date   Full name of contributor   out-of-state PAC(ID#   ) Amount of contribution (\$)   description (if apple of contributor Tom Ramsey   out-of-state PAC(ID#   )   Amount of contribution (\$)   description (if apple of contributor address; 1410 Mustang   Richmond TX 77469   Employer (Optional)    Principal occupation (Optional)   Employer (Optional)   Employer (Optional)    Principal occupation (Optional)   Employer (Optional)   Employer (Optional)    Post   Full name of contributor   out-of-state PAC(ID#   ) Amount of contributor (\$)   description (if apple of contributor (\$)   Out-of-state PAC(ID#   ) Amount of contributor			Employer (Option	al)	J.,
2 Hedwig Court Houston TX 77024  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Date Full name of contributor Tom Ramsey  City; State; Zip Code 1500.00  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Principal occupation (Optional)  Engineer  Date Full name of contributor Mark Rose  City; State; Zip Code contributor Mark Rose  City; State; Zip Code 1500.00  In-kind contributor description (if apple)  Contribution (\$)  Contributor address; S25 Rosedale St. Highland Village TX 75077		Full name of contributor  ut-of-state PAC(ID#	)		In-kind contribution description (if applicable
Principal occupation (Optional)  Date  Full name of contributor Tom Ramsey  City; State; Zip Code 1500.00  Principal occupation (Optional)  Employer (Option	02/26/2007	2 Hedwig Court	*************	250.00	
Tom Ramsey contribution (\$) description (if apple of the pole of t	Principal occup		Employer (Option	l nal)	
Principal occupation (Optional) Engineer  Date Full name of contributor out-of-state PAC(ID# ) Amount of contribution (\$) description (if apple of 255 Rosedale St.  Highland Village TX 75077	Date				In-kind contribution description (if applicable
Principal occupation (Optional) Engineer  Date Full name of contributor out-of-state PAC(ID#) Amount of contribution (\$) In-kind contribution (\$) description (if application of the contribution out-of-state PAC(ID#)  03/24/2007 Contributor address; City; State; Zip Code 525 Rosedale St.  Highland Village TX 75077	03/29/2007	1410 Mustang		1500.00	
Date Full name of contributor out-of-state PAC(ID# Amount of contribution (\$) In-kind contribution (if applied to the contribution out-of-state PAC(ID# Amount of contribution (\$) In-kind contribution (if applied to the contribution out-of-state PAC(ID# Amount of contribution (\$) In-kind contribution (if applied to the contribution out-of-state PAC(ID# Amount of contribution (\$) In-kind contribution (if applied to the contribution out-of-state PAC(ID# Amount of contribution (\$) In-kind contri			Employer (Option	nal)	
Mark Rose contribution (\$) description (if applied to the contributor address; City; State; Zip Code 125.00 Highland Village TX 75077		Full name of contributor	1	Amount of	In kind contribution
525 Rosedale St.  Highland Village TX 75077	Date				description (if applicable
	03/24/2007	525 Rosedale St.		125.00	
	Principal occup		Employer (Option	l nal)	

The Instruct	ION GUIDE explains how to complete this form.		1 Total pages this 21/4	
FILER NAMI Bob Hebert			3 ACCOUNT# 043	(Ethics Commission filers)
Date	5 Full name of contributor  out-of-state PAC(ID#  Jeff Ross		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
03/28/2007	6 Contributor address; City; State; Zip Code 1821 Sunset Blvd		2500.00	1
	Houston TX 77005			İ .
Principal occu Engineers	pation (Optional)	10 Employer (Optional	al)	
Date	Full name of contributor  uut-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
03/16/2007	Contributor address; City; State; Zip Code 4550 Warwick Dr.		125.00	 
Principal occu	Sugar Land TX 77479  upation (Optional)	Employer (Optional	al)	
				1
Date	Full name of contributor  out-of-state PAC(ID# Maury Rubin	)	Amount of contribution (\$)	In-kind contribution description (if applicable
03/01/2007	Contributor address; City; State; Zip Code 4132 Meyerwood Houston TX 77025		125.00	
Principal occi	upation (Optional)	Employer (Options	al)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable
03/07/2007	Contributor address; City; State; Zip Code 6155 Meadowlake Ln Houston TX 77057	*************	1250.00	
Principal occ	upation (Optional)	Employer (Option	al)	
Date	Full name of contributor  uut-of-state PAC(ID#_Don Russell	)	Amount of contribution (\$)	In-kind contribution description (if applicable
02/26/2007	Contributor address; City; State; Zip Code 2106 Country Club		100.00	
	Sugar Land TX 77478			
Principal occ Retired	cupation (Optional)	Employer (Option	al)	

P.O.Box 12070

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this	report:
FILER NAME Bob Hebert			3 ACCOUNT#	(Ethics Commission filers)
Date	Full name of contributor    out-of-state PAC(ID# Mike Scherer	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
03/26/2007	6 Contributor address; City; State; Zip Code 304 Jackson  Richmond TX 77469		125.00	  - 
Principal occup		10 Employer (Options	ai)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
03/05/2007	Contributor address; City; State; Zip Code 1300 Post Oak Blvd. Suite 1400		1500.00	
Principal occup	Houston TX 77056 nation (Optional)	Employer (Options	al)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable
02/26/2007	Contributor address; City; State; Zip Code 1411 Pecan Crossing Dr.		250.00	
Principal occup	pation (Optional)	Employer (Option	al)	.1.
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable
03/21/2007	Contributor address; City; State; Zip Code 17300 El Camino Real Suite 103  Houston TX 77058		500.00	
Principal occu	pation (Optional)	Employer (Option	L al)	
Date	Full name of contributor  uut-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
03/03/2007	Contributor address; City; State; Zip Code 510 Longview		100.00	
	Sugar Land TX 77478-3727	T = 1 10	- 10	<u>i</u>
	pation (Optional)	Employer (Option	al)	

Date  03/13/2007  Principal occ  Date  03/14/2007	5 Full name of contributor  out-of-state PAC(ID#	10 Employer (Optional)  Employer (Optional)	Amount of contribution (\$)	(Ethics Commission filers)  8
O3/03/2007  Principal occ  Date  O3/13/2007  Principal occ  Date  O3/14/2007  Principal occ  Date	G Contributor address; City; State; Zip Code 2707 Bristol Ct.  Sugar Land TX 77478  Ipation (Optional)  Full name of contributor  out-of-state PAC(ID#_David Showalter  Contributor address; City; State; Zip Code 3928 Paseo Royale Blvd Richmond TX 77469  Ipation (Optional)  Full name of contributor  out-of-state PAC(ID#_Michael Smith)  Contributor address; City; State; Zip Code 2919 Payton Springs Dr.  Manvel TX 77578	)	Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occ  Date  03/13/2007  Principal occ  Date  03/14/2007  Principal occ  Date	2707 Bristol Ct. Sugar Land TX 77478  Ipation (Optional)  Full name of contributor  out-of-state PAC(ID#	)	Amount of contribution (\$)  1500.00  Amount of contribution (\$)	description (if applicable
Date  03/13/2007  Principal occ  Date  03/14/2007  Principal occ  Date	Full name of contributor  out-of-state PAC(ID#_David Showalter  Contributor address; City; State; Zip Code 3928 Paseo Royale Blvd Richmond TX 77469  upation (Optional)  Full name of contributor  out-of-state PAC(ID#_Michael Smith)  Contributor address; City; State; Zip Code 2919 Payton Springs Dr.  Manvel TX 77578	)	Amount of contribution (\$)  1500.00  al)  Amount of contribution (\$)	description (if applicable
Date  03/13/2007  Principal occ  Date  03/14/2007  Principal occ  Date	Full name of contributor  out-of-state PAC(ID#_David Showalter  Contributor address; City; State; Zip Code 3928 Paseo Royale Blvd Richmond TX 77469  upation (Optional)  Full name of contributor  out-of-state PAC(ID#_Michael Smith  Contributor address; City; State; Zip Code 2919 Payton Springs Dr.  Manvel TX 77578	)	Amount of contribution (\$)  1500.00  al)  Amount of contribution (\$)	description (if applicable
O3/13/2007  Principal occ  Date  O3/14/2007  Principal occ  Date	David Showalter  Contributor address; City; State; Zip Code  3928 Paseo Royale Blvd Richmond TX 77469  Ipation (Optional)  Full name of contributor	Employer (Option	al)  Amount of contribution (\$)	description (if applicable
Date  03/14/2007  Principal occ  Date	3928 Paseo Royale Blvd Richmond TX 77469  upation (Optional)  Full name of contributor	Employer (Option:	Amount of contribution (\$)	
Date 03/14/2007 Principal occ Date	Richmond TX 77469  upation (Optional)  Full name of contributor	Employer (Option:	Amount of contribution (\$)	
Date 03/14/2007 Principal occ Date	Full name of contributor	Employer (Option:	Amount of contribution (\$)	
03/14/2007 Principal occ	Michael Smith  Contributor address; City; State; Zip Code 2919 Payton Springs Dr.  Manvel TX 77578		contribution (\$)	
Principal occ	2919 Payton Springs Dr.  Manvel TX 77578		1250.00	
Date				1
	The state of the s	Employer (Option	nai)	Ĺ
				T
03/30/200	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City; State; Zip Code 2627 N. Loop West		500.00	
	Houston TX 77008	T =	<u> </u>	
Principal oc	upation (Optional)	Employer (Option	nai)	
Date	Full name of contributor  out-of-state PAC(ID#_ Carl Stephens		Amount of contribution (\$)	In-kind contribution description (if applicable
03/05/200	46 Ambleside Crescent		125.00	
	Sugar Land TX 77479	I Francisco		1
Principal oc Developer	supation (Optional)	Employer (Option	nai)	

7	The Instruction	N GUIDE explains how to complete this form.		1 Total pages this 24/4	
	ILER NAME Bob Hebert			3 ACCOUNT# 043	(Ethics Commission Ners)
	Date	5 Full name of contributor  out-of-state PAC(ID# Jon Strange		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
(	03/29/2007	6 Contributor address; City; State; Zip Code 24823 Lakebriar		1500.00	
		Katy TX 77494-1808			İ
	Principal occup Engineer	ation (Optional)	10 Employer (Optional	al)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
(	02/23/2007	Contributor address; City; State; Zip Code 3814 Snead Court Sugar Land TX 77479		100.00	
F	Principal occup	ation (Optional)	Employer (Options	ai)	1
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
	02/26/2007	Contributor address; City; State; Zip Code P. O. Box 19129		250.00	
F	Principal occup	Houston TX 77224 Pation (Optional)	Employer (Optional	al)	
-	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable
	04/16/2007	Contributor address; City; State; Zip Code 6250 Westpark Dr. Suite 200		750.00	
_		Houston TX 77057			<u>i</u>
1	Principal occup	pation (Optional)	Employer (Option:	al)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
	03/30/2007	Contributor address; City; State; Zip Code P. O. Box 130089  Houston TX 77219		2500.00	
	Principal occup	pation (Optional)	Employer (Option	al)	
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The Instruction	N GUIDE explains how to complete this form.		1 Total pages this a 25/4	
FILER NAME Bob Hebert			3 ACCOUNT# 043	(Ethics Commasion filers)
Date	5 Full name of contributor	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
03/24/2007	6 Contributor address; City; State; Zip Code P.O. Box 487		250.00	 
	Stafford TX 77497			
Principal occup	ation (Optional)	10 Employer (Optiona	al)	
Date	Full name of contributor  uut-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
05/21/2007	Contributor address; City; State; Zip Code 1715 Mossy Stone Houston TX 77077		2500.00	
Principal occup		Employer (Options	al)	
Date	Full name of contributor  uut-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
03/27/2007	Contributor address; City; State; Zip Code 11627 FM 1464  Richmond TX 77469		3465.00	Underwriting of breakfa st
Principal occup	nation (Optional)	Employer (Option	al)	
Date	Full name of contributor  ut-of-state PAC(ID#_ Tom Wilcox		Amount of contribution (\$)	In-kind contribution description (if applicable
03/14/2007	Contributor address; City; State; Zip Code 4603 Water Point	*************	1250.00	
Principal occup	Missouri City TX 77459 pation (Optional)	Employer (Option	al)	1
				1
Date	Full name of contributor  out-of-state PAC(ID#_ Daniel Wong	)	Amount of contribution (\$)	In-kind contribution description (if applicable
03/24/2007	Contributor address; City; State; Zip Code 4506 Colony Glen Ct. Sugar Land TX 77479	***************************************	250.00	 
Principal occur	pation (Optional)	Employer (Option	al)	
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P.O.Box 12070

	The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this 26/	
	FILER NAME Bob Hebert			3 ACCOUNT#	(Ethics Commission filers)
	Date	5 Full name of contributor ☐ out-of-state PAC(ID#_ Bill Zemanek	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
	03/05/2007	6 Contributor address; City; State; Zip Code 1714 Mayweather Lane		125.00	
		Richmond TX 77469			
	Principal occup	pation (Optional)	10 Employer (Option	nal)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
	04/13/2007	Contributor address; City; State; Zip Code 16539 Obsidian		750.00	
		Houston TX 77095			
_	Principal occup	pation (Ontional)			
		edicit (Optional)	Employer (Option	nal)	
			Employer (Option	nal)	
			Employer (Option	nal)	

### SCHEDULE F

1-800-325-8506

The Instruction	ON GUIDE explains how to complete this form.	1 Total pages report: 27/43
FILER NAME Bob Hebert		3 ACCOUNT # (Ethics Commission (ilers) 043
Date 06/07/2007	5 Payee name Affairs with Flair 6 Payee address; City; State; Zip Coo 720 Riveredge Dr. Richmond TX 77469	7 Amount (\$) 265.21
information red	penditure (See instructions regarding type of quired.) ts for Senator Cornyn reception	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/02/2007	Payee name  American Heart Association  Payee address; City; State; Zip Cooperation  P.O. Box 20448  Houston TX 77225	Amount (\$) 100.00
Purpose of ex information re- Donation	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held
Date 02/16/2007	Payee name  American Red Cross  Payee address; City; State; Zip Corp. O. Box 393  Richmond TX 77406-0393	Amount (\$) 5200.00
Purpose of ex information re Donation at		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/10/2007	Payee name  Asians against Domestic Abuse  Payee address; City; State; Zip Co	Amount (\$) 500.00
	P.O. Box 420776 Houston TX 77242-0776	

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The Instruction	NO GUIDE explains how to complete this form.		1 Total pages 28/43	report:
FILER NAME Bob Hebert			3 ACCOUN 043	T # (Ethics Commission filers)
Date 03/27/2007	5 Payee name Avtec Systems 6 Payee address; City; State; Zip Code P.O. Box 35231 Houston TX 77235			7 Amount (\$) 750.00
information red	7	Complete if direct expe Candidate / Officeholder na		fit C/OH ** Office sought Office held
Date 02/13/2007	Payee name  Boy Scouts of America  Payee address; City; State; Zip Code  TX			Amount (\$) 2400.00
Purpose of ex-	penditure (See instructions regarding type of puired.)	Complete if direct expe		
Donation		Candidate / Officenoider na	ame	Office sought Office held
Date 03/07/2007	Payee name  Boy Scouts of America	Candidate / Officenoider na	me	Amount (\$) 1500.00
Date 03/07/2007	Payee name  Boy Scouts of America  Payee address; City; State; Zip Code  TX  penditure (See instructions regarding type of		enditure to bene	Amount (\$) 1500.00
Date 03/07/2007  Purpose of ex information re	Payee name  Boy Scouts of America  Payee address; City; State; Zip Code  TX  penditure (See instructions regarding type of	Complete if direct expe	enditure to bene	Amount (\$) 1500.00

The Instruction	N GUIDE explains how to complete this form.	1 Total pages report: 29/43
FILER NAME Bob Hebert		3 ACCOUNT # (Ethics Commission filers) 043
Date 04/15/2007	<ul> <li>5 Payee name</li> <li>Child Advocates of Fort Bend County</li> <li>6 Payee address; City; State; Zip Cooperation</li> <li>P.O. Box 1032</li> <li>Richmond TX 77469</li> </ul>	7 Amount (\$) 5000.00
information rec	penditure (See instructions regarding type of juired.) ng Sponsorship	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/22/2007	Payee name  Cinco Ranch Ladies Club  Payee address; City; State; Zip Cod  Katy TX 77450	Amount (\$) 250.00
	" (0 interpretation to a constant	
Purpose of exp information red Gala Sponso		Complete if direct expenditure to benefit C/OH * * Candidate / Officeholder name Office sought Office held
information red	puired.)  Payee name  City of Rosenberg	Candidate / Officeholder name Office sought Office held  Amount (\$) 250.00
Date 05/18/2007	Payee name  City of Rosenberg  Payee address; City; State; Zip Co 2110 Fourth St.  Rosenberg TX 77471  penditure (See instructions regarding type of quired.)	Candidate / Officeholder name Office sought Office held  Amount (\$) 250.00
Date  05/18/2007  Purpose of exinformation re-	Payee name  City of Rosenberg  Payee address; City; State; Zip Co 2110 Fourth St.  Rosenberg TX 77471  penditure (See instructions regarding type of quired.)  elebration  Payee name  Don Dulin	Candidate / Officeholder name  Office sought  Office held  Amount (\$) 250.00  Complete if direct expenditure to benefit C/OH Candidate / Officeholder name  Office sought  Office held  Amount (\$) 292.28

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

POLITICAL EXPENDITURES	POI	ITIC	ΔI	FXF	FN	DITI	IRES
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The Instruction	N GUIDE explains how to complete this form.	1	Total pages report:
			30/43
FILER NAME Bob Hebert		3	ACCOUNT # (Ethics Commission filers) 043
Date	5 Payee name		7 Amount
05/16/2007	Don Dulin		(\$) 32.48
	6 Payee address; City; State; Zip Cod	e	
	P.O. Box 1840		
	Richmond TX 77406		
Purpose of exp	enditure (See instructions regarding type of	Complete if direct expen     Candidate / Officeholder nan	diture to benefit C/OH ** ne Office sought Office held
Domain Name			omo stegni omo nos
Date	Payee name		Amount
05/28/2007	Don Dulin		(\$) 135.31
	Payee address; City; State; Zip Cod	e	
	P.O. Box 1840		
	Richmond TX 77406		
		1	
Purpose of exp information req Website upda		Complete if direct expen Candidate / Officeholder nar	diture to benefit C/OH · · ne Office sought Office held
information req	uired.)		
information req Website upda	uired.) ates		Amount (\$)
information req Website upda	uired.) ates Payee name	Candidate / Officeholder nar	ne Office sought Office held  Amount
information req Website upda	uired.) ates Payee name Exchange Club of Fort Bend	Candidate / Officeholder nar	Amount (\$)
information req Website upda	Payee name  Exchange Club of Fort Bend  Payee address; City; State; Zip Cod	Candidate / Officeholder nar	Amount (\$)
Date 05/02/2007	Payee name  Exchange Club of Fort Bend  Payee address; City; State; Zip Cod P.O. Box 169  Sugar Land TX 77487-1069  penditure (See instructions regarding type of	Candidate / Officeholder nar	Amount (\$) 300.00
Date  O5/02/2007  Purpose of expinformation red	Payee name  Exchange Club of Fort Bend  Payee address; City; State; Zip Cod P.O. Box 169  Sugar Land TX 77487-1069  penditure (See instructions regarding type of	Candidate / Officeholder nar	Amount (\$) 300.00
Date  O5/02/2007  Purpose of exinformation recommendation	Payee name  Exchange Club of Fort Bend  Payee address; City; State; Zip Cod P.O. Box 169  Sugar Land TX 77487-1069  penditure (See instructions regarding type of juired.)	Candidate / Officeholder nar	Amount (\$) 300.00
Date  Date  O5/02/2007  Purpose of expinformation recommendation  Date	Payee name  Exchange Club of Fort Bend  Payee address; City; State; Zip Cod P.O. Box 169  Sugar Land TX 77487-1069  Denditure (See instructions regarding type of quired.)	Candidate / Officeholder nar	Amount (\$) 300.00  Amount Office sought Office held
Date  Date  O5/02/2007  Purpose of expinformation recommendation  Date	Payee name  Exchange Club of Fort Bend  Payee address; City; State; Zip Cod P.O. Box 169  Sugar Land TX 77487-1069  Denditure (See instructions regarding type of quired.)  Payee name  Exchange Club of Sugar Land	Candidate / Officeholder nar	Amount (\$) 300.00  Amount Office sought Office held
Date  Date  O5/02/2007  Purpose of expinformation recommendation  Date	Payee name  Exchange Club of Fort Bend  Payee address; City; State; Zip Cod P.O. Box 169  Sugar Land TX 77487-1069  Denditure (See instructions regarding type of juired.)  Payee name  Exchange Club of Sugar Land  Payee address; City; State; Zip Cod	Candidate / Officeholder nar	Amount (\$) 300.00  Amount Office sought Office held
Date  Date  05/02/2007  Purpose of expinformation recommendation  Date  02/23/2007	Payee name  Exchange Club of Fort Bend  Payee address; City; State; Zip Cod P.O. Box 169  Sugar Land TX 77487-1069  Denditure (See instructions regarding type of quired.)  Payee address; City; State; Zip Cod 4800 Sugar Grove Blvd. Suite 100  Stafford TX 77477-2627  Denditure (See instructions regarding type of general code and suite 100  Stafford TX 77477-2627	Candidate / Officeholder nar	Amount (\$) 300.00  Amount (\$) Amount Office sought Office held  Amount (\$) 2500.00

Texas Ethics Commission

The Instruct	ON GUIDE explains how to complete this form.	1 Total pages 31/43	report:
FILER NAM Bob Hebert		3 ACCOUN 043	T # (Ethics Commission filers)
Date 02/23/2007	5 Payee name Exchange Club of Sugar Land 6 Payee address; City; State; Zip Code 4800 Sugar Grove Blvd. Suite 100 Stafford TX 77477-2627		7 Amount (\$) 1000.00
information re	ook-off sponsorship	Complete if direct expenditure to bene Candidate / Officeholder name	offit C/OH ** Office sought Office held
Date 02/14/2007	Payee name  Fort Bend Boys Choir  Payee address; City; State; Zip Code  4411 Bluebonnet  Stafford TX 77477		Amount (\$) 500.00
	xpenditure (See instructions regarding type of	Complete if direct expenditure to bene	efit C/OH ••
information re Gala Spons		Candidate / Officeholder name	Office sought Office held
Date 03/03/2007	Payee name Fort Bend Boys Choir Payee address; City; State; Zip Code 4411 Bluebonnet Stafford TX 77477  expenditure (See instructions regarding type of		Amount (\$) 4000.00
Date 03/03/2007  Purpose of einformation in	Payee name Fort Bend Boys Choir Payee address; City; State; Zip Code 4411 Bluebonnet Stafford TX 77477  expenditure (See instructions regarding type of	Complete if direct expenditure to ben Candidate / Officeholder name	Amount (\$) 4000.00

### SCHEDULE F

1-800-325-8506

The INSTRUCT	ION GUIDE explains how to complete this form.		otal pages report: 32/43
FILER NAM Bob Hebert			ACCOUNT # (Ethics Commission filers)
Date 01/14/2007	5 Payee name Fort Bend Co. Republican PAC 6 Payee address; City; State; Zip Code 310 Morton St. Suite 126 Richmond TX 77469		7 Amount (\$) 1500.00
information re	penditure (See instructions regarding type of equired.) ner sponsorship	Complete if direct expenditure     Candidate / Officeholder name	re to benefit C/OH ** Office sought Office held
Date 02/27/2007	Payee name  Fort Bend Co. Republican PAC  Payee address; City; State; Zip Code 310 Morton St. Suite 126  Richmond TX 77469		Amount (\$) 7000.00
Purpose of ex information re Donation	Appenditure (See instructions regarding type of equired.)	Complete if direct expenditu Candidate / Officeholder name	re to benefit C/OH • • Office sought Office held
Date 03/07/2007	Payee name  Fort Bend County Fair Association  Payee address; City; State; Zip Code  4310 Hwy 36 South  Rosenberg TX 77471		Amount (\$) 1500.00
Purpose of e information r Fair Sponse		Complete if direct expenditu Candidate / Officeholder name	re to benefit C/OH ** Office sought Office held
Date 02/02/2007	Payee name  Fort Bend Economic Development Council  Payee address; City; State; Zip Code One Fluor Danial Place  Sugar Land TX 77478		Amount (\$) 5000.00
Fort Bend (	expenditure (See instructions regarding type of equired.)  Co. Legislative Conference Sponsorship- D - corship	Complete if direct expenditu Candidate / Officeholder name	orre to benefit C/OH Office sought Office held

Austin, Texas 78711-2070

#### Austin, Texas 78711-2070

#### SCHEDULF F

1-800-325-8506

The Instruct	ION GUIDE explains how to complete this form.	1 To 3	otal pages report:
FILER NAM Bob Hebert		3 A	ACCOUNT # (Ethics Commission filers)
Date 01/14/2007	5 Payee name Fort Bend Junior Service League 6 Payee address; City; State; Zip Code 1270 Crabb River Road, Suite 600 Richmond TX 77469		7 Amount (\$) 500.00
Purpose of exinformation re Donation	equired.)	9 Complete if direct expenditur Candidate / Officeholder name	e to benefit C/OH ** Office sought Office held
Date 03/12/2007	Payee name  Fort Bend Museum Association  Payee address; City; State; Zip Code P.O. Drawer 460  Richmond TX 77469		Amount (\$) 1500.00
Purpose of e	xpenditure (See instructions regarding type of	Complete if direct expenditure	4
information re Lone Star S	equired.) Stomp Sponsorship	Candidate / Officeholder name	re to benefit C/OH • • Office sought Office held
	equired.)		
Date 04/19/2007	Payee name Fort Bend Museum Association Payee address; City; State; Zip Code P.O. Drawer 460 Richmond TX 77469  xpenditure (See instructions regarding type of equired.)		Amount (\$) 325.00
Date 04/19/2007  Purpose of einformation r	Payee name Fort Bend Museum Association Payee address; City; State; Zip Code P.O. Drawer 460 Richmond TX 77469  xpenditure (See instructions regarding type of equired.)	Candidate / Officeholder name  Complete if direct expenditu	Amount (\$) 325.00

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

# **POLITICAL EXPENDITURES**

### SCHEDULE F

1-800-325-8506

The Instruction	N GUIDE explains how to complete this form.		1 Total pages report: 34/43	
FILER NAME Bob Hebert			3 ACCOUNT # (E) 043	thics Commission filers)
Date 04/19/2007	<ul> <li>5 Payee name</li> <li>Fort Bend Republican Woman's Club</li> <li>6 Payee address; City; State; Zip Code</li> <li>5111Cambridge</li> <li>Sugar Land TX 77479</li> </ul>		7	Amount (\$) 60.00
information req	orializaro (oco morracione regarante opposit	9 Complete if direct experiments of the Candidate / Officeholder na		
Date 03/07/2007	Payee name  Fort Bend Salutes America  Payee address; City; State; Zip Code  1126 Cambrian Park Ct.  Sugar Land TX 77479			Amount (\$) 500.00
Purpose of exp information red Sponsorship	penditure (See instructions regarding type of juired.)	Complete if direct expe Candidate / Officeholder na		
information red	Payee name  Fort Bend Senior Citizens		ame Office sou	
Date 04/11/2007  Purpose of expinformation recognification rec	Payee name Fort Bend Senior Citizens Payee address; City; State; Zip Code 1333 Band Rd Rosenberg TX 77471 penditure (See instructions regarding type of	Candidate / Officeholder na	ame Office sou	Amount (\$) 300.00
Date 04/11/2007  Purpose of expinformation recognitions and the second s	Payee name Fort Bend Senior Citizens Payee address; City; State; Zip Code 1333 Band Rd Rosenberg TX 77471 penditure (See instructions regarding type of quired.)	Candidate / Officeholder na  Complete if direct expe Candidate / Officeholder na	ame Office sou	Amount (\$) 300.00

The Instruction	N GUIDE explains how to complete this form.		1 Total pages report: 35/43
FILER NAME Bob Hebert			3 ACCOUNT # (Ethics Commission filers) 043
Date 06/07/2007	<ul> <li>5 Payee name</li> <li>Houston Community Newpaper</li> <li>6 Payee address; City; State; Zip Co</li> <li>523 N. sam Houston Parkway, Suite 600</li> <li>Houston TX 77060</li> </ul>	de	7 Amount (\$) 250.00
information req	enditure (See instructions regarding type of uired.)  ' Graduation Ad	9 Complete if d Candidate / Offi	irect expenditure to benefit C/OH ** ceholder name Office sought Office held
Date 05/16/2007	Payee name Impact Player Partners Payee address; City; State; Zip Co 8044 Montgomery Rd Cincinnatti OH 45236	de	Amount (\$) 5000.00
Purpose of exp information req Sponsorship			lirect expenditure to benefit C/OH ** iceholder name Office sought Office held
Date 02/02/2007	Payee name  Italian Maid  Payee address; City; State; Zip Co 300 Morton  Richmond TX 77469	de	Amount (\$) 32.01
02/02/2007	Italian Maid  Payee address; City; State; Zip Co 300 Morton  Richmond TX 77469  penditure (See instructions regarding type of quired.)	Complete if	(\$)
02/02/2007  Purpose of expinformation recommendatio	Italian Maid  Payee address; City; State; Zip Co 300 Morton  Richmond TX 77469  penditure (See instructions regarding type of quired.)	Complete if Candidate / Of	(\$) 32.01

The Instructi	ON GUIDE explains how to complete this form.	1 1	otal pages report:
			36/43
FILER NAME Bob Hebert			ACCOUNT # (Ethics Commission filers)
Date 04/03/2007	5 Payee name Literacy Council of Fort Bend County 6 Payee address; City; State; Zip Code 12530 Emily Court Sugar Land TX 77478		7 Amount (\$) 250.00
Purpose of ex information red Sponsorship		9 Complete if direct expenditure Candidate / Officeholder name	re to benefit C/OH ** Office sought Office held
Date 06/07/2007	Payee name  Literacy Council of Fort Bend County  Payee address; City; State; Zip Code 12530 Emily Court  Sugar Land TX 77478	• • • • • • • • • • • • • • • • • • • •	Amount (\$) 2600.00
Purpose of ex information re Donation	penditure (See instructions regarding type of quired.)	Complete if direct expenditu Candidate / Officeholder name	re to benefit C/OH ** Office sought Office held
Date 02/09/2007	Payee name  MPrinting Graphics and Advertising  Payee address; City; State; Zip Code  3902 E. Wisteria Cir.  Sugar Land TX 77479	3	Amount (\$) 1510.09
02/09/2007  Purpose of exinformation re	MPrinting Graphics and Advertising  Payee address; City; State; Zip Code 3902 E. Wisteria Cir.  Sugar Land TX 77479  spenditure (See instructions regarding type of	Complete if direct expenditu Candidate / Officeholder name	(\$) 1510.09
02/09/2007  Purpose of exinformation re	MPrinting Graphics and Advertising Payee address; City; State; Zip Code 3902 E. Wisteria Cir. Sugar Land TX 77479  Expenditure (See instructions regarding type of quired.) Exply cards for annual fundraiser  Payee name Patsey McKnight	Complete if direct expenditu Candidate / Officeholder name	(\$) 1510.09

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 37/43
FILER NAME Bob Hebert			3 ACCOUNT # (Ethics Commission filers) 043
Date 03/12/2007	5 Payee name  Mental Health Association of Fort Bend C  6 Payee address; City; State; Zip C  10435 Greenbrough Dr.Bldg. II,Suite 200  Stafford TX 77477		7 Amount (\$) 200.00
Purpose of ex information re- Donation	penditure (See instructions regarding type of quired.)	9 Complete if direct Candidate / Officeh	ct expenditure to benefit C/OH ** older name Office sought Office held
Date 02/16/2007	Payee name  Needville Youth Fair  Payee address; City; State; Zip C P.O. Box 237  Needville TX 77461	Code	Amount (\$) 500.00
Purpose of ex information re Sponsorship		Complete if dire Candidate / Office	ct expenditure to benefit C/OH ** solder name Office sought Office heid
Date 05/18/2007	Payee name  Needville Youth Fair  Payee address; City; State; Zip ( P.O. Box 237  Needville TX 77461	Code	Amount (\$) 2915.00
information re	xpenditure (See instructions regarding type of equired.) add-ons to Youth Fair	Complete if dire Candidate / Officel	ct expenditure to benefit C/OH ** nolder name Office sought Office held
	David and		Amount
Date 02/12/2007	Payee name  Office Depot  Payee address; City; State; Zip 5400 FM 1640,Suite 100  Richmond TX 77469	Code	(\$) 350.00

DOL	ITICAL	EXPENDITURES	4
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P.O.Box 12070

The Instruction	N GUIDE explains how to complete this form.		1 Total pages report: 38/43	
FILER NAME Bob Hebert			3 ACCOUNT # (Ethics Commission filers 043	;)
Date 03/04/2007	<ul> <li>5 Payee name</li> <li>Office Depot</li> <li>6 Payee address; City; State; Zip Code</li> <li>5400 FM 1640, Suite 100</li> <li>Richmond TX 77469</li> </ul>		7 Amount (\$) 186.1	9
information req	r Houston Council and Fort Bend Repu -	Complete if direct ex Candidate / Officeholder	penditure to benefit C/OH ** rname Office sought Office he	eld
Date 03/24/2007	Payee name  Office Depot  Payee address; City; State; Zip Code 5400 FM 1640,Suite 100  Richmond TX 77469		Amount (\$) 194.5	54
	enditure (See instructions regarding type of	Complete if direct ex	penditure to benefit C/OH · ·	
information req Supplies for b	uired.) oreakfast; name tags,markers,board,ink	Candidate / Officeholde		eid
and the second second				
Supplies for b Date 03/25/2007	Payee name Office Depot Payee address; City; State; Zip Code 5400 FM 1640,Suite 100 Richmond TX 77469 penditure (See instructions regarding type of quired.)	Candidate / Officeholde	Amount (\$) 95.4	18
Date 03/25/2007  Purpose of expinformation recommendation recommen	Payee name Office Depot Payee address; City; State; Zip Code 5400 FM 1640,Suite 100 Richmond TX 77469 Penditure (See instructions regarding type of quired.) Iting Payee name Office Depot	Candidate / Officeholde  Complete if direct extended to the complete of the co	Amount (\$) 95.4  Amount (\$) 95.4  Amount (\$) Amount (\$) Amount (\$) 30.3	48

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 39/43	
FILER NAME Bob Hebert			3 ACCOUNT # (Ethics Comm 043	nission filers)
Date 02/10/2007	<ul> <li>5 Payee name</li> <li>Oyster Creek Rotary Club</li> <li>6 Payee address; City; State; Zip Cod P.O. Box 1056</li> <li>Missouri City TX 77459</li> </ul>	e	7 A	(\$) 500.00
information req	enditure (See instructions regarding type of uired.) h Festival Sponsorship	Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH ** name Office sought	Office held
Date 02/28/2007	Payee name Pappas Grill Payee address; City; State; Zip Coo	е	A	mount (\$) 82.91
Purpose of exp information req Staff Lunched		Complete if direct ex Candidate / Officeholder	penditure to benefit C/OH ** name Office sought	Office held
Date 06/19/2007	Payee name  Pappas Grill  Payee address; City; State; Zip Cod  Meadows Place TX	le	A	mount (\$) 281.83
Purpose of exp information red Mayor's lunc	penditure (See instructions regarding type of quired.)	Complete if direct ex Candidate / Officeholder	penditure to benefit C/OH ** rame Office sought	Office held
Date	Payee name Perry's Steakhouse and Grille		A	mount (\$) 250.00
03/26/2007	Payee address; City; State; Zip Coo 2115 Town Square Sugar Land TX 77478	de		

#### Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 P.O.Box 12070 Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE F Total pages report: The Instruction Guide explains how to complete this form. 40/43 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Bob Hebert Date 5 Payee name Amount 05/03/2007 **PortraitPros** 216.50 6 Payee address; City; State; Zip Code 1105 Merlene Dr. Austin TX 78732 8 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH \*\* information required.) Candidate / Officeholder name Office sought Office held Campaign pictures Date Payee name Amount (\$) 05/02/2007 Rainbow Room 100.00 Payee address; City; State; Zip Code 3350-A Hwy 6 Sugar Land TX 77478 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH .. information required.) Candidate / Officeholder name Office sought Office held Donation Date Payee name Amount (\$) 02/07/2007 Republican Party of Fort Bend County 380.00 Payee address; City; State; Zip Code 231 River Grove

	Sugar Land TX 77478		
information red	penditure (See instructions regarding type of quired.) incoln Dinner	Complete if direct expenditure to benefit C/C Candidate / Officeholder name Office so	
Date 02/10/2007	Payee name  Richmond Rotary Club  Payee address; City; State; Zip Cod 310 Morton Street, PMB 176	de	Amount (\$) 500.00
	Richmond TX 77469		*
Purpose of ex information red Fish Fry Spo		Complete if direct expenditure to benefit C/C Candidate / Officeholder name Office so	

P.O.Box 12070

The lucrous	N GUIDE explains how to complete this form.		1 Total pages	report:
The INSTRUCTIO	N GUIDE explains now to complete this form.		41/43	
FILER NAME Bob Hebert			3 ACCOUN 043	T # (Ethics Commission filers)
Date	5 Payee name			7 Amount
02/13/2007	Rosenberg Lions Club  6 Payee address; City; State; Zip Code			(\$) 140.00
	Rosenberg TX 77471			
Purpose of exp information req Donation	enditure (See instructions regarding type of uired.)	9 Complete if direct exp Candidate / Officeholder in		Tift C/OH ** Office sought Office held
Date	Payee name			Amount
02/16/2007	Rosenberg Lions Club  Payee address; City; State; Zip Code			(\$) 100.00
Purpose of exp	Rosenberg TX 77471 penditure (See instructions regarding type of	Complete if direct exp		efit C/OH · ·
information red	penditure (See instructions regarding type of	Complete if direct exp Candidate / Officeholder		efit C/OH •• Office sought Office held
information red	penditure (See instructions regarding type of juired.)			Office sought Office held  Arnount
information red Golf Tournan	penditure (See instructions regarding type of quired.) nent donation			Office sought Office held
Date 02/10/2007	Payee name Rosenberg Railroad Museum Payee address; City; State; Zip Code 3rd and Ave F Rosenberg TX 77471 penditure (See instructions regarding type of quired.)	Candidate / Officeholder	penditure to bene	Amount (\$) 100.00
Date  O2/10/2007  Purpose of exinformation receipts	Payee name Rosenberg Railroad Museum Payee address; City; State; Zip Code 3rd and Ave F Rosenberg TX 77471 penditure (See instructions regarding type of quired.)	Candidate / Officeholder	penditure to bene	Amount (\$) 100.00
Date  O2/10/2007  Purpose of exinformation recreases Fundraiser s	penditure (See instructions regarding type of quired.) nent donation  Payee name  Rosenberg Railroad Museum  Payee address; City; State; Zip Code 3rd and Ave F  Rosenberg TX 77471  penditure (See instructions regarding type of quired.) ponsorship	Candidate / Officeholder	penditure to bene	Amount (\$) 100.00  Amount Office sought Office held  Amount (\$)
Date  O2/10/2007  Purpose of exinformation recruitments of the Fundraiser's	Payee name  Rosenberg Railroad Museum  Payee address; City; State; Zip Code  3rd and Ave F  Rosenberg TX 77471  penditure (See instructions regarding type of quired.)  ponsorship  Payee name	Candidate / Officeholder	penditure to bene	Amount (\$) 100.00
Date  O2/10/2007  Purpose of exinformation recruitments of the Fundraiser's	Payee name Rosenberg Railroad Museum Payee address; City; State; Zip Code 3rd and Ave F Rosenberg TX 77471  penditure (See instructions regarding type of quired.) ponsorship  Payee name Royal Dukes Social and Charity club	Candidate / Officeholder	penditure to bene	Amount (\$) 100.00  Amount Office sought Office held  Amount (\$)

exas Ethics Com	nmission P.O.Box 12070 Austin, Texas 7	8711-20	70	(512)463	-5800	1-800-325-8506
POLITI	CAL EXPENDITURES				SCH	EDULE F
The Instruction	ON GUIDE explains how to complete this form.			1 Total pages 42/43	report:	
2 FILER NAME Bob Hebert				3 ACCOUN 043	T# (Ethics C	Commission filers)
4 Date	5 Payee name		-		7	Amount
03/12/2007	Second Mile  6 Payee address; City; State; Zip Code 504 FM 1092,Suite I Stafford TX 77477					(\$) 150.00
8 Purpose of ex information re- Donation	penditure (See instructions regarding type of quired.)		nplete if direct exp didate / Officeholder		fit C/OH **	Office held
Date	Payee name					Amount
03/28/2007	Edward Shack  Payee address; City; State; Zip Code 814 San Jacinto Blvd. Suite 202  Austin TX 78701					(\$) 1950.00
Purpose of ex information re Consultation			mplete if direct exp didate / Officeholder		efit C/OH •	Office held
Date	Payee name					Amount
04/03/2007	Sugar Land Masonic Lodge  Payee address; City; State; Zip Code P. O. Box 1133  Sugar Land TX 77487-1133					(\$) 250.00
Purpose of ex information re Contribution			mplete if direct ex didate / Officeholder		efit C/OH ** Office sought	Office held
Date	Payee name					Amount
05/28/2007	Sugar Land Rotary Club  Payee address; City; State; Zip Code P.O. Box 16549  Sugar Land TX 77496					(\$) 500.00
information re	xpenditure (See instructions regarding type of squired.) t Sponsorship	Co	mplete if direct ex didate / Officeholder		efit C/OH ** Office sought	Office held

The Instruction	N GUIDE explains how to complete this form.	1 Total pages report:	
THE INSTRUCTION	N GOIDE EXPLAITS HOW to complete this form.	43/43	
FILER NAME Bob Hebert		3 ACCOUNT # (Ethics 043	Commission filers)
Date	5 Payee name	7	Amount
03/12/2007	T W Davis YMCA		(\$) 100.00
	6 Payee address; City; State; Zip Code		
	911 Thompsons Hwy		
	Richmond TX 77469		
Purpose of exp	enditure (See instructions regarding type of	9 Complete if direct expenditure to benefit C/OH *	
information req Donation	uired.)	Candidate / Officeholder name Office sought	Office held
Donation			
Date	Payee name		Amount
02/09/2007	United States Postal Service		(\$) 1560.00
			1000.00
	5560 FM 1640		
	D: 1 77 77 100		
	Richmond TX 77469		
Purpose of exp	penditure (See instructions regarding type of	Complete if direct expenditure to benefit C/OH *Candidate / Office sought	
information req	penditure (See instructions regarding type of		
information req	penditure (See instructions regarding type of juired.) nnual fundraiser		Office held
information req	penditure (See instructions regarding type of juired.)		Office held  Amount
information req Stamps for a	penditure (See instructions regarding type of pured.) nnual fundraiser  Payee name  University of Houston	Candidate / Officeholder name Office sought	Office held
information req Stamps for an Date	penditure (See instructions regarding type of juired.) nnual fundraiser  Payee name	Candidate / Officeholder name Office sought	Office held  Amount (\$)
information req Stamps for an Date	penditure (See instructions regarding type of pured.) nnual fundraiser  Payee name  University of Houston	Candidate / Officeholder name Office sought	Office held  Amount (\$)
information req Stamps for an Date	Payee address; City; State; Zip Code	Candidate / Officeholder name Office sought	Office held  Amount (\$)
Date 05/28/2007	Payee name University of Houston Payee address; City; State; Zip Code 3100 Cullen Bivd. Houston TX 77204-6002 penditure (See instructions regarding type of	Candidate / Officeholder name Office sought  Complete if direct expenditure to benefit C/OH	Amount (\$) 5000.00
Date 05/28/2007  Purpose of expinformation recommendation recommen	Payee name University of Houston Payee address; City; State; Zip Code 3100 Cullen Bivd. Houston TX 77204-6002 penditure (See instructions regarding type of	Candidate / Officeholder name Office sought	Amount (\$) 5000.00
Date 05/28/2007  Purpose of expinformation recommendation recommen	Payee name University of Houston Payee address; City; State; Zip Code 3100 Cullen Bivd. Houston TX 77204-6002 penditure (See instructions regarding type of quired.)	Candidate / Officeholder name Office sought  Complete if direct expenditure to benefit C/OH	Amount (\$) 5000.00
Date 05/28/2007  Purpose of expinformation recommendation recommen	Payee name University of Houston Payee address; City; State; Zip Code 3100 Cullen Bivd. Houston TX 77204-6002 penditure (See instructions regarding type of quired.)	Candidate / Officeholder name Office sought  Complete if direct expenditure to benefit C/OH	Amount (\$) 5000.00
Date  05/28/2007  Purpose of expinformation recougar Pride	Payee name University of Houston  Payee address; City; State; Zip Code 3100 Cullen Bivd.  Houston TX 77204-6002  penditure (See instructions regarding type of quired.)  Membership - Donation	Candidate / Officeholder name Office sought  Complete if direct expenditure to benefit C/OH	Amount (\$) 5000.00
Date  O5/28/2007  Purpose of expinformation rec Cougar Pride	Payee name University of Houston Payee address; City; State; Zip Code 3100 Cullen Bivd. Houston TX 77204-6002 Denditure (See instructions regarding type of quired.) Membership - Donation  Payee name	Candidate / Officeholder name Office sought  Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought	Amount (\$) 5000.00  Office heid
Date  O5/28/2007  Purpose of expinformation rec Cougar Pride	Payee name University of Houston Payee address; City; State; Zip Code 3100 Cullen Bivd. Houston TX 77204-6002 Denditure (See instructions regarding type of quired.) Membership - Donation  Payee name Milton Wright	Candidate / Officeholder name Office sought  Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought	Amount (\$) 5000.00  Office heid
Date  O5/28/2007  Purpose of expinformation rec Cougar Pride	Payee name University of Houston Payee address; City; State; Zip Code 3100 Cullen Bivd. Houston TX 77204-6002 Denditure (See instructions regarding type of quired.) Membership - Donation  Payee name Milton Wright Payee address; City; State; Zip Code	Candidate / Officeholder name Office sought  Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought	Amount (\$) 5000.00  Office heid
Date  O5/28/2007  Purpose of expinformation recougar Pride  Date  O4/11/2007	Payee name University of Houston Payee address; City; State; Zip Code 3100 Cullen Bivd. Houston TX 77204-6002 Penditure (See instructions regarding type of quired.) Membership - Donation  Payee address; City; State; Zip Code 2402 Standing Oak Lane Richmond TX 77469  penditure (See instructions regarding type of	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought  Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought	Amount (\$) 5000.00  Amount (\$) 125.00
Date  Date  05/28/2007  Purpose of expinformation recougar Pride  Date  04/11/2007	Payee name University of Houston Payee address; City; State; Zip Code 3100 Cullen Bivd. Houston TX 77204-6002 Penditure (See instructions regarding type of quired.) Membership - Donation  Payee address; City; State; Zip Code 2402 Standing Oak Lane Richmond TX 77469  penditure (See instructions regarding type of	Candidate / Officeholder name  Complete if direct expenditure to benefit C/OH Candidate / Officeholder name  Office sought	Amount (\$) 5000.00  Amount (\$) 125.00