1-800-325-8506

Austin, Texas 78711-2070

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gui	DE explains how to complete this		COUNT # cs Commission filers)	2 PAGE# 1 of 39							
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIR Mr. W. A	ST	МІ	OFFICE U	SE ONLY						
NAME	NICKNAME LAS Andy Mey		SUFFIX	Date Received							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE 423 Longview Drive Sugar Land, TX 77478	#; CITY;	STATE; ZIP CODE	Date Hand-delivered	or Date Postmarked						
Change of Address											
				Receipt#	Amount						
5 CAMPAIGN TREASURER	MS/MRS/MR FIR Mr. Mich		MI	Date Processed							
NAME	NICKNAME LAS		SUFFIX	Date Imaged							
	Mey	ers									
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	423 Longview Drive Sugar Land, TX 77478		CITY; STATE;	ZIP CODE							
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU	MSER	EXTENSION								
8 REPORT TYPE	X January 15 30th	h day before election	Runoff	15th day after ca appointment (of	ampaign treasurer ficeholder only)						
	July 15 8th	day before election	Exceeded \$500 limit	Final report (Atta	ach C/OH - FR)						
9 PERIOD COVERED	Month Day Year 07/01/2008	THROUGH	Month Day 12/31/20	Year							
AA EL FOTION	ELECTION DATE	ELECTION TYPE	12/5 //20		ende van vanden het de veren en de veren de ver						
10 ELECTION	Month Day Year 11/04/2008	Primary	Runoff	General	Special						
11 OFFICE	OFFICE HELD (if any) County Commissioner Pct.	3	12 OFFICE SOUGHT (if known County Commission	er Pct. 3							
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures candidates are required to disclose.										
EXPENDITURE BY OTHER INDIVIDUALS	Name										
	Address/PO Box; Apt. / Suite #;	City; State; Zip Code									
additional pages											
	GO TO PAGE 2										

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Meye	ers, W. A. (Mr.)		15 ACCOUNT : 0000	# (Ethics Commission filers
16 NOTICE FROM	have been made with	btice of political expenditures by political committees to support the condidate's or officeholder's knowledge or consent. Candid by receive notice of such expenditures	candidate / officeholde lates and officeholders	er. These expenditures may are required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	***************************************	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED			685.25
	4. TOTAL POLITICAL EXPENDITURES			20,157.35
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	6. 2 4 1/ 0 .00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	ε \$	0.00
18 AFFIDAVIT	DELYNN KAY DAVIS MY COMMISSION EXPII June 17, 2012	me under little 15, Election Co	es all information re	
		Signature of	Candidate or Office	eholder
AFFIX NOTARY	STAMP / SEAL A8O	VE		. 0
Sworn to and subscri		the said	this the	12 day
Signature of officer adm	Key La	Print name of officer administering oath	A) ta i	y Palle

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 1/9 Report: 3/39 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 (\$) Babineaux, Bruce (Mr.) \$250.00 12/15/2008 6 Contributor address; City; State; Zip Code 9800 Richmond Ave. # 400 Houston, TX 77042 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) 16 Arrival date 13 Departure city / location 14 Departure date 15 Destination city / location 18 Purpose of travel 17 Means of transportation Date 5 Full name of contributor [] out-of-state PAC(ID#_ Amount of Binkley, Brett (Mr.) contribution (\$) 12/15/2008 6 Contributor address; City; State; Zip Code \$500.00 1710 Seamist Dr. Houston, TX 77008 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

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

17 Means of transportation

18 Purpose of travel

15 Destination city / location

16 Arrival date

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE # The INSTRUCTION GUIDE explains how to complete this form. Schedule: 3/9 Report: 5/39 (Ethics Commission filers) Meyers, W. A. (Mr.) 3 ACCOUNT # 2 FILER NAME 0000 5 Full name of contributor out-of-state PAC(ID#_ Amount of Date contribution (\$) Fields, Richard (Mr.) 6 Contributor address; City; State; Zip Code \$500.00 12/15/2008 4800 Sugar Grove # 600 Stafford, TX 77477 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) **Business Owner** 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 (\$) Gonzales, Jim 12/15/2008 6 Contributor address; City; State; Zip Code \$1,000.00 1803 Hulsches Drive 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.

		CAL CONTRIBUTED OF THAN PLEDGE		NS		\$	SCHEDULE A
	The Instruction	อง Guide explains how to comp	lete this form.		1 PAGE # Schedule: 4/9	Repor	· 6/39
2	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4	Date	5 Full name of contributor [Gustefson, Jim	out-of-state PAC(ID#)	7 Ar		
	12/15/2008 6 Contributor address; City; State; Zip Code 8955 Katy Freeway Houston, TX 77024					\$750.00	
8	Principal occup	nation / Job title (See Instructions)	9 Employer (See In	structions)	L	Podrovillov Podrovi se izlava o Programma namada kraftana se izva se
10	 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable Name of person(s) traveling on whose behalf the travel was accepted 			11 In-kind description Business Owne		araba baliki Misaaa asaad	
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
13	13 Departure city / location 14 Departure date			15 Destination city /	location 16 Arrival date		
17	Means of trans	portation		18 Purpose of travel			
4	4 Date 5 Full name of contributor out-of-state PAC(iD#_Henriksen, Ron & Sheri 12/15/2008 6 Contributor address; City; State; Zip Code 8831 Stable Lane Houston, TX 77024						Amount of ontribution (\$) \$250.00
8	Principal occup	bation / Job title (See Instructions		9 Employer (See In	structions)	<u> </u>	
10		ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description Business Owne	n (if applicable) r - Telecommunic	ations	
12	? Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		materia filosocial disale disale discussione del Publicación de Publicación de Company
13	3 Departure city	/ location	14 Departure date	15 Destination city /	location	- Constitution	16 Arrival date
17	Means of trans	portation		18 Purpose of travel			
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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	The Instruction	on Guide explains how to comp	lete this form.		1 PAGE # Schedule: 5/9	Report	: 7/39
2	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	ommission filers)
4	Date	5 Full name of contributor [Ifan, Moh (Mr.)	out-of-state PAC(ID#)		- 500	Amount of entribution (\$)
	12/15/2008	6 Contributor address; C P.O. Box 5205 Katy, TX 77491	City; State; Zip Code			\$500.00	
8	Principal occup	nation / Job title (See Instructions)	9 Employer (See Instructions)			
10	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 Business Owne			
1:	2 Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
1:	13 Departure city / location 14 Departure date			15 Destination city / location			16 Arrival date
1	7 Means of trans	portation	18 Purpose of travel				
4	4 Date 5 Full name of contributor out-of-state PAC(ID#) 7 Amount of contribution (\$)						
and the second of the second of the second of	12/15/2008	6 Contributor address; 6 8588 Katy Freeway # 441 Houston, TX 77024	City; State; Zip Code	*****			\$250.00
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions)			
11		ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description (if applicable) Business Owner			
1:	2 Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	altach additional pages	if necessary)		Benedick for the second second second second for the second second second second
1	3 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
1	7 Means of trans	portation	L	18 Purpose of travel			
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

L							
	The Instruction	Guide explains how to comp	lete this form.		1 PAGE # Schedule: 6/9	Repor	t: 8/39
2	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	ommission filers)
4	Date	KBR PAC	out-of-state PAC(ID#				Amount of ontribution (\$)
	12/15/2008		City; State; Zip Code				\$1,000.00
8	8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)			
1	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 Political Action			
1	2 Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
1	13 Departure city / location 14 Departure date 15 Destination city / location				location		16 Arrival date
1	7 Means of trans	portation	18 Purpose of travel				
4	Date	5 Full name of contributor [Mullinax, Ronnie (Mr.)	out-of-state PAC(ID#				Amount of ontribution (\$)
	12/15/2008	6 Contributor address; 0 10777 Westheimer Suite 400 Houston, TX 77042	Dity; State; Zip Code	\$750.00			
8	Principal occup	ation / Job title (See Instructions	;)	9 Employer (See Instructions)			
1	O 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)	nami atawa kata amahari	
1	2 Name of person	n(s) traveling on whose behalf th	e travel was accepted (attach additional pages	if necessary)		
1	3 Departure city i	location	14 Departure date	15 Destination city /	location		16 Arrival date
1	7 Means of trans	portation	1	18 Purpose of travel			
	The Control of the Co						

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The Instruction	on Guide explains how to comp	lete this form.			GE# nedule: 7/9	Report	: 9/39
2	FILER NAME	Meyers, W. A. (Mr.)			3 AC	COUNT#	(Ethics Co	ommission filers)
4	Date	5 Full name of contributor [Perry, Bob	out-of-state PAC(ID#					Amount of ntribution (\$)
	12/15/2008	6 Contributor address; C PO Box 34153 Houston, TX 77234	City; State; Zip Code				\$2,500.00	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					s)			
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 Business Owne		icable)		
12	12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)							
13	Departure city /	location	14 Departure date 15 Destination city / location				16 Arrival date	
17 Means of transportation				18 Purpose of travel			***	
4	Date	5 Full name of contributor [Ramey, Lina (Ms.)	out-of-state PAC(ID#					Amount of ntribution (\$)
	12/15/2008	6 Contributor address; C 2400 Augusta Drive # 301 Houston, TX 77057	City; State; Zip Code				\$250.00	
8	Principal occup	ation / Job title (See Instructions)	9 Employer (See In:	struction	s)		
10		tion n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description (if applicable) Business Owner				
12	! Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages i	f necess	ary)	ig is free from the property again	
13	Departure city /	location	14 Departure date	15 Destination city / I	ocation	ta dele na del como de la como de		16 Arrival date
17	Means of trans	portation		18 Purpose of travel				
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SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

ON GUIDE explains how to comp	olete this form.		1 PAGE# Schedule: 8/9	Report	t: 10/39	
Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	ommission filers)	
5 Full name of contributor [Sabouni, Lina (Mrs.)	out-of-state PAC(ID#)	L		Amount of ontribution (\$)	
6 Contributor address; 0 6200 Savoy # 100 Houston, TX 77036		*************			\$250.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)			
10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.					A COMPANIE AND A STATE OF THE S	
n(s) traveling on whose behalf th	ne travel was accepted (a	attach additional pages	if necessary)			
3 Departure city / location 14 Departure date 15 Destination city / location					16 Arrival date	
17 Means of transportation					l	
5 Full name of contributor [Van De Wiele, John (Mr.)	out-of-state PAC(ID#)	4. See Andrée de Company de l'Article (1995) de l'Article (1995		Amount of ontribution (\$)	
6 Contributor address: 0 1715 Mossy Stone Drive Houston, TX 77077	City; State; Zip Code	**************			\$750.00	
pation / Job title (See Instructions	>)	9 Employer (See Instructions)				
in-kind contribution for travel outs		11 In-kind description (if applicable)				
n(s) traveling on whose behalf th	ne travel was accepted (a	attach additional pages	if necessary)	AL CONTRACT OF THE PARTY OF THE		
/ location	14 Departure date	15 Destination city /	location		16 Arrival date	
sportation		18 Purpose of travel				
	Meyers, W. A. (Mr.) 5 Full name of contributor [Sabouni, Lina (Mrs.)] 6 Contributor address; 6200 Savoy # 100 Houston, TX 77036 pation / Job title (See Instructions boxes 12-18. Otherwise, complete on(s) traveling on whose behalf the contributor of travel outs boxes 12-18. Otherwise, complete on (s) traveling on whose behalf the contributor of travel outs boxes 12-18. Otherwise, complete on (s) traveling on whose behalf the contributor of travel outs on the contributor of the contribution of the contributio	5 Full name of contributor out-of-state PAC(ID#_Sabouni, Lina (Mrs.) 6 Contributor address; City; State; Zip Code 6200 Savoy # 100 Houston, TX 77036 pation / Job title (See Instructions) ution in-kind contribution for travel outside Texas and boxes 12-18. Otherwise, complete box 11 if applicable. on(s) traveling on whose behalf the travel was accepted (in the contributor of the contribution	S Full name of contributor out-of-state PAC(ID#)	Meyers, W. A. (Mr.) 3 ACCOUNT # 0000 5 Full name of contributor	Meyers, W. A. (Mr.) 3 ACCOUNT # (Etnics C 00000 5 Full name of contributor out-of-state PAC(ID# 00000 6 Contributor address; City; State; Zip Code 8200 Savoy # 100 Houston, TX 77036 Pation / Job title (See Instructions) 9 Employer (See Instructions) 11 In-kind description (if applicable) Business Owner boxes 12-18. Otherwise, complete box 11 if applicable. In A Departure date 15 Destination city / location 18 Purpose of travel 19 Employer (See Instructions) 10 Employer (See Instructions) 11 In-kind description (if applicable) Business Owner 12 Departure date 13 Destination city / location 14 Departure date 15 Purpose of travel 16 Contributor address: City; State; Zip Code Houston, TX 77077 17 Code 1715 Mossy Stone Drive Houston, TX 77077 18 Purpose (See Instructions) 19 Employer (See Instructions) 10 Employer (See Instructions) 11 In-kind description (if applicable) In-kind description (if applicable) In-kind contribution for travel outside Texas and In-kind description (if applicable) In-kind contribution for travel outside Texas and In-kind description (if applicable) In-kind description (if a	

POLITICAL CONTRIBUTIONS

	The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 9/9	P Report: 11/39
2	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000	
4	Date	5 Full name of contributor Willianmson, Claudia (Ms.	out-of-state PAC(ID#_))		7 Amount of contribution (\$)
	12/15/2008	6 Contributor address; 2925 Briarpark Dr. Houston, TX 77042	City; State; Zip Code			\$250.00
8	Principal occupation / Job title (See Instructions)			9 Employer (See In	structions)	
10	In-kind contribu	ution 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		18 Purpose of travel	e per alle de la companya del companya del companya de la companya	and the second s

POLITICAL EXPENDIT	POLITICAL EXPENDITURES					
The Instruction Guide explains how to comp	lete this form.		1 PAGE# Schedule: 1/2:	3 Repo	ort: 12/39	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics Commission filers)		
4 Date 5 Payee name Boy Scouts of America				7	Amount (\$)	
07/31/2008 6 Payee address; C c/o Lane Scholl 3011 N Katy, TX 77450	City; State; Zip Code				\$493.62	
8 Purpose of payment (See instructions regarding type of information required.) Donation to Boy Scouts 9 ** Complete if direct expenditure to be Candidate / Officeholder name:					idate/Officeholder **	
Payment for travel outside Texas (complete						
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)						
11 Departure city / location	12 Departure date	13 Destination city / I	ocation		14 Arrival date	
15 Means of transportation	dem nacional improvazione e provincia del mangazione del	16 Purpose of travel			and the second s	
4 Date 5 Payee name Campaign Solutions LL	С			7 Amount (\$)		
07/01/2008 6 Payee address; 7222 Bellerive # 2505 Houston, TX 77036	City; State; Zip Code	***************************************			\$320.00	
Purpose of payment (See instructions regarding type of information Political Consulting/Campaign Management		9 * Complete if direct Candidate / Officehold		fit Cand	idate/Officeholder **	
Payment for travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:				
10 Name of person(s) traveling on whose behalf if	ne expenditure for travel	was made (attach addit	ional pages if necess	ary)		
11 Departure city / location	12 Departure date	13 Destination city / I	ocation		14 Arrival date	
15 Means of transportation	*	16 Purpose of travel				

1-800-325-8506

POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 2/23 Report: 13/39 3 ACCOUNT # (Ethics Commission filers) Meyers, W. A. (Mr.) 2 FILER NAME 0000 Amount Date Payee name Campaign Solutions LLC (\$) \$1,000.00 09/09/2008 6 Payee address; City; State; Zip Code 7222 Bellerive # 2505 Houston, TX 77036 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Campaign Services Fee Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 16 Purpose of travel 15 Means of transportation Date Pavee name Amount Campaign Solutions LLC (\$) \$640.00 09/30/2008 6 Payee address; City; State; Zip Code 7222 Bellerive # 2505 Houston, TX 77036 Purpose of payment 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · Candidate / Officeholder name: (See instructions regarding type of information required.) Campaign/Political Consulting Services 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

1-800-325-8506

2070 Austin, Texas 78711-2070

	POLITICAL EXPENDITURES					S	CHEDULE F	
	The Instruction	אי Guide explains how to compl	ete this form.		1 PAGE # Schedule: 3/23	Repo	rt: 14/39	
2	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	ommission filers)	
4	Date	5 Payee name Campaign Solutions LLC				7 Amount (\$)		
1	0/27/2008	6 Payee address; C 7222 Bellerive # 2505 Houston, TX 77036	ity; State; Zip Code				\$1,190.68	
8		ment ns regarding type of information r fraiser/Consultation	required.)	9 · · Complete if direc Candidate / Officehol		fit Cand	idate/Officeholder **	
	Payment for travel outside Texas (complete boxes 10-16) Office sought: Office held:							
10	Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11	Departure city /	location	12 Departure date	13 Destination city / location			14 Arrival date	
15 Means of Iransportation				16 Purpose of travel		- British Bullion Sunfaces		
4	Date	5 Payee name Campaign Solutions LLC	2			7	Amount (\$)	
1	12/18/2008	6 Payee address; C 7222 Bellerive # 2505 Houston, TX 77036	ity; State; Zip Code				\$295.89	
8	Purpose of pay (See instruction Campaign Se	ns regarding type of information	required.)	9 · · Complete if direc Candidate / Officeho	t expenditure to bene der name:	fit Cand	idate/Officeholder **	
	point			Office sought;				
10		or travel outside Texas (complete n(s) traveling on whose behalf th		Office held: was made (attach addit	ional pages if necess	ary)		
11	Departure city	/ location	12 Departure date	13 Destination city /	ocation		14 Arrival date	
15	Means of trans	portation		16 Purpose of travel	the property of the contract o	en die er Promitaen der de		
				L	and the first space of the spac	e er avita menada a	art and the action of the committee of the action of the a	

	POLITICAL EXPENDITURES						CHEDULE F
	The Instruction	พ Guide explains how to comp	lete this form.		1 PAGE # Schedule: 4/23	Repo	rt: 15/39
2	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4	Date	5 Payee name Comcast				7 Amount (\$)	
07/01/2008 6 Payee address; City; State; Zip Code 8590 W. Tidwell Rd Houston, TX 77040						\$66.60	
8	Purpose of pay (See instruction Campaign W	ns regarding type of information	required.)	9 · · Complete if direc Candidate / Officehol		fit Cand	idate/Officeholder **
	Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:			
10	10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)						
11 Departure city / location 12 Departure date 13 Destination city / location				14 Arrival date			
15 Means of transportation				16 Purpose of travel			
4	Date	5 Payee name Comcast				7 Amount (\$)	
	08/30/2008	6 Payee address; C 8590 W. Tidwell Rd Houston, TX 77040	Sity; State; Zip Code				\$66.60
8	Purpose of par (See instruction Campaign W	ns regarding type of information	required.)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:			idate/Officeholder **
	☐ Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:			
10	Name of perso	n(s) traveling on whose tehalf th	ne expenditure for travel	was made (attach addi	tional pages if necess	sary)	
11	Departure city	/ location	12 Departure date	13 Destination city /	location	and the second second second second	14 Arrival date
15	Means of trans	sportation		16 Purpose of travel			

POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 5/23 Report: 16/39 2 FILER NAME Meyers, W. A. (Mr.) ACCOUNT # (Ethics Commission filers) 0000 Amount Date Payee name Comcast (\$) \$66.60 09/30/2008 6 Payee address; City; State; Zip Code 8590 W. Tidwell Rd Houston, TX 77040 9 · · Complete if direct expenditure to benefit Candidate/Officeholder 8 Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Campaign Web Site ISP 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 11 Departure city / location 12 Departure date 13 Destination city / location 16 Purpose of travel 15 Means of transportation Date Payee name Amount Craig Bingham 10 Minute Lube (\$) 09/17/2008 \$199.97 6 Payee address; City; State; Zip Code 13770 Murphy Road Stafford, TX 77477 9 · · Complete if direct expenditure to benefit Candidate/Officeholder Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Maintenance service of campaign-owned pickup truck Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 15 Means of transportation 16 Purpose of travel

POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 6/23 Report: 17/39 (Ethics Commission filers) 3 ACCOUNT# 2 FILER NAME Meyers, W. A. (Mr.) 0000 Date Payee name Amount (\$) \$182.02 12/22/2008 6 Payee address; City; State; Zip Code 13829 Southwest Freeway Sugar Land, TX 77478 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Christmas Gifts for office staff 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 11 Departure city / location 12 Departure date 13 Destination city / location 15 Means of transportation 16 Purpose of travel Date Payee name Amount Dean Hrbacek & Associates (\$) 12/01/2008 \$750.00 8 Payee address; City; State; Zip Code 130 Industrial Blvd. # 120 Sugar Land, TX 77478 8 Purpose of payment 9 ... Complete if direct expenditure to benefit Candidate/Officeholder ... (See instructions regarding type of information required.) Candidate / Officeholder name: Legal services to Campaign Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 15 Means of transportation 16 Purpose of travel

Austin, Texas 78711-2070

POLITI	POLITICAL EXPENDITURES SCHEDULE F							
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 7/23	Repo	ort: 18/39		
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		ommission filers)		
4 Date	5 Payee name Exxon/Mobil		***************************************		7 Amount (\$)			
09/02/2008	16760 Southwest Freeway Sugar Land, TX 77478							
(See instruction	ns regarding type of information in paign pickup for political sign	9 · · Complete if direc Candidate / Officeho		fit Cand	idate/Officeholder **			
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:					
	10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date		
15 Means of transportation			16 Purpose of travel			The second secon		
4 Date	5 Payee name Exxon/Mobil				7	Amount (\$)		
10/14/2008	6 Payee address; C 16760 Southwest Freew Sugar Land, TX 77478	ity; State; Zip Code				\$74.85		
	ons regarding type of information paign pickup for political sign		9 * Complete if direct Candidate / Officeho		fit Cand	lidate/Officeholder * '		
			Office sought:					
Payment for	or travel outside Texas (complete	boxes 10-16)	Office held:					
10 Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addi	tional pages if necess	ary)	Section Print 15.000-0764.05.07870 p. Print On Studie Laboration and		
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date		
15 Means of trans	sportation	Manager of the Control of the Contro	16 Purpose of travel					

exas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070		(512)463	3-5800	1-800-325-8506		
POLITI	CAL EXPENDIT	URES			S	CHEDULE F
The Instruction	אס Guide explains how to comp	lete this form.	12.5442 15.045 15.045 15.045 15.045 15.045 15.045 15.045 15.045 15.045 15.045 15.045 15.045 15.045 15.045 15.0	1 PAGE# Schedule: 8/2	3 Repo	ort: 19/39
2 FILER NAME	Meyers, W. A. (Mr.)					ommission filers)
4 Date	5 Payee name Fort Bend Buyers Group)		L	7	Amount (\$)
10/16/2008	6 Payee address; C 12919 Dairy Ashford Sugar Land, TX 77478				\$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Donation to Fort Bend Fair Association buyers group			9 ** Complete if direct Candidate / Officeho		efit Cand	idate/Officeholder **
☐ Payment fo	or travel outside Texas (complete	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 necess	sary)	
11 Departure city	Departure city / location 12 Departure date 13 Destination city / location				14 Arrival date	
15 Means of trans	sportation	<u> </u>	16 Purpose of travel			
4 Date	5 Payee name Fort Bend Chamber				7	Amount (\$)
12/01/2008	6 Payee address; C 445 Commerce Green I Sugar Land, TX 77478					\$225.00
	yment ons regarding type of information embership Dues	required.)	9 · · Complete if direct Candidate / Officeho		efit Cand	idate/Officeholder **
Payment f	or travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:			
10 Name of perso	on(s) traveling on whose behalf th	ne expenditure for travei	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			
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POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 9/23 Report: 20/39 (Ethics Commission filers) 3 ACCOUNT# 2 FILER NAME Meyers, W. A. (Mr.) 0000 Amount Date Payee name Fort Bend Exchange Club (\$) \$300.00 10/06/2008 6 Payee address; City; State; Zip Code 4400 Palm Royale Sugar Land, TX 77479 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · Purpose of payment Candidate / Officeholder name: (See instructions regarding type of information required.) Donation/Political advertising Office sought: Payment for travel outside Texas (complete boxes 10-16) Office held: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 12 Departure date 14 Arrival date 11 Departure city / location 13 Destination city i location 15 Means of transportation 16 Purpose of travel Date Payee name Amount Fort Bend Horse Task Force (\$) \$150.00 10/09/2008 6 Payee address; City; State; Zip Code 1402 Bend Road # 100 Rosenberg, TX 77471 Purpose of payment 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** (See instructions regarding type of information required.) Candidate / Officeholder name: Donation to community service organization 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	POLITICAL EXPENDITURES					CHEDULE F
The Instruction	אס Guide explains how to comp	lete this form.		1 PAGE# Schedule: 10/2	23 Rep	ort: 21/39
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000		
4 Date	5 Payee name Fort Bend Independent	Newspaper,			7	Amount (\$)
07/14/2008 6 Payee address; City; State; Zip Code 10701 Corporate Drive # 282 Stafford, TX 77477					\$3,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Polital Advertising 9 ** Complete if direct expenditure to beneficially considered to the complete information required.)						idate/Officeholder · ·
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:			
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)						
11 Departure city	/ location	12 Departure date	13 Destination city / location			14 Arrival date
15 Means of transportation			16 Purpose of travel	Andread and the Market State of the Market State of State		Australian (1988), united in the destroy one, which we have been been been as
4 Date	5 Payee name Fort Bend Republican P	arty			7 Amount (\$)	
10/31/2008	6 Payee address; C 3218 Oakland Drive Sugar Land, TX 77479	city; State; Zip Code		erander er en erende e		\$1,180.00
	i yment ons regarding type of information ibution (MPrinting & Graphics		9 ** Complete if direct Candidate / Officeho		fit Cand	idate/Officeholder ''
			Office sought:			
	or travel outside Texas (complete on(s) traveling on whose behalf th		Office held: was made (attach addit	tional pages if necess	ary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation			16 Purpose of travel			L
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POLITI	POLITICAL EXPENDITURES					CHEDULE F	
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 11/2	23 Rep	ort: 22/39	
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000			
4 Date 5 Payee name Fort Bend Republican Party				7 Amount (\$)			
12/01/2008 6 Payee address; City; State; Zip Code 3218 Oakland Drive Sugar Land, TX 77479						\$300.00	
8 Purpose of payment (See instructions regarding type of information required.) Contribution for Republican Party Christmas Party Event 9 ** Complete if direct expenditure to benefit Candidate/Officender name:					idate/Officeholder **		
Office sought: Payment for travel outside Texas (complete boxes 10-16) Office held:							
10 Name of person(s) traveling on whose behalf the expenditure for 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	and the second s		Laurence and an arrange capes	
4 Date	5 Payee name Fort Bend Republican P	arty			7 Amount (\$)		
12/01/2008	6 Payee address; C 3218 Oakland Drive Sugar Land, TX 77479	city; State; Zip Code				\$301.00	
E 65 65 50 50	yment ons regarding type of information for political mailout	required.)	9 ** Complete if direct Candidate / Officeho		fit Cand	idate/Officeholder **	
☐ Payment f	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
10 Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	tional pages if necess	ary)		
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date	
15 Means of transportation			16 Purpose of travel				
					T. Charles de L. Charles de L.		

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POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 12/23 Report: 23/39 ACCOUNT # (Ethics Commission filers) Meyers, W. A. (Mr.) 2 FILER NAME 0000 Amount Date Payee name Houston Livestock Show & Rodeo (\$) \$150.00 07/28/2008 6 Payee address; City; State; Zip Code 319 William Morton Richmond, TX 77469 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · 8 Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Donation/Ad 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 Pavee name Amount Impressive Printing (\$) 11/25/2008 \$143.21 6 Payee address; City; State; Zip Code 3727 Greenbrian Stafford, TX 77477 8 Purpose of payment 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · (See instructions regarding type of information required.) Candidate / Officeholder name: Campaign Stationary for campaign fundraiser 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

Austin, Texas 78711-2070

POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 13/23 Report: 24/39 ACCOUNT # 2 FILER NAME Meyers, W. A. (Mr.) (Ethics Commission filers) 0000 Amount Date Pavee name Impressive Printing (\$) \$84.54 12/12/2008 6 Payee address; City; State; Zip Code 3727 Greenbriar Stafford, TX 77477 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Campaign Stationary for campaign fundraiser 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 11 Departure city / location 12 Departure date 13 Destination city / location 15 Means of transportation 16 Purpose of travel Date Payee name Amount Impressive Printing (\$) 12/18/2008 \$84.54 6 Payee address; City; State; Zip Code 3727 Greenbriar Stafford, TX 77477 Purpose of payment 9 · · Complete if direct expenditure to benefit Candidate/Officeholder (See instructions regarding type of information required.) Candidate / Officeholder name: Campaign Stationary for campaign fundraiser 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

POLITICAL EXPENDITURES SCHEDULE F PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 14/23 Report: 25/39 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Meyers, W. A. (Mr.) 0000 Date Amount Payee name Mulder Services (\$) \$1,500.00 09/09/2008 6 Payee address; City; State; Zip Code 1011 Highway 6 S. Houston, TX 77077 9 · · Complete if direct expenditure to benefit Candidate/Officeholder Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Campaign Web Site Re-Design/Data Management 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 Office Depot (\$) 07/14/2008 \$61.69 6 Payee address; City; State; Zip Code 11815 Wilcrest Houston, TX 77031 Purpose of payment 9 ... Complete if direct expenditure to benefit Candidate/Officeholder ... Candidate / Officeholder name: (See instructions regarding type of information required.) Office Supplies for campaign Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 15 Means of transportation 16 Purpose of travel

POLITICAL EXPENDITURES					CHEDULE F		
The Instruction Guide explains how to compl	ete this form.		1 PAGE# Schedule: 15/23 Report: 26/39				
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics Co	ommission filers)		
4 Date 5 Payee name Office Depot	A 100 A	A POLICE OF THE PROPERTY OF TH		7	Amount (\$)		
11/24/2008 6 Payee address; C 11815 Wilcrest Houston, TX 77031		\$100.40					
8 Purpose of payment (See instructions regarding type of information required.) Campaign Fundraiser expenses - supplies 9 ** Complete if direct expenditure to benefit Candidate/Officendidate / Officeholder name:							
Office sought: Office held:							
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city / location	12 Departure date	13 Destination city /	location		14 Arrival date		
15 Means of transportation	16 Purpose of travel			Karanian manakan kanada manakan da kan			
4 Date 5 Payee name Office Depot				7 Amount (\$)			
12/05/2008 6 Payee address; C 6129 C Edloe Street Houston, TX 77005	ity; State; Zip Code		1914 X 1914 1914 1914 1914 1914 1914 191		\$420.51		
Purpose of payment (See instructions regarding type of information In-kind contribution to campaign (Office Diagram)		9 * Complete if direct Candidate / Officeho	t expenditure to bene lder name:	fit Cand	idate/Officeholder ''		
		Office sought:					
Payment for travel outside Texas (complete Name of person(s) traveling on whose behalf th		Office held:	ional payers if pages	221			
10 Name of person(s) traveling on whose cenali th	e experionore for traver	was made (attach addi	lionar pages ir necess	ary)			
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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P.O.Box 12070

POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 16/23 Report: 27/39 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Meyers, W. A. (Mr.) 0000 Amount Date Pavee name Office Depot (\$) \$150.66 12/15/2008 6 Payee address; City; State; Zip Code 11815 Wilcrest Houston, TX 77031 Purpose of payment 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · Candidate / Officeholder name: (See instructions regarding type of information required.) Campaign Fundraiser expenses - 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) 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 Pete Olson Campaign (\$) \$300.00 11/20/2008 6 Payee address; City; State; Zip Code P O Box 16381 Sugar Land, TX 77496 8 Purpose of payment 9 ... Complete if direct expenditure to benefit Candidate/Officeholder ... (See instructions regarding type of information required.) Candidate / Officeholder name: Contribution to campaign Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 15 Means of transportation 16 Purpose of travel

POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 17/23 Report: 28/39 (Ethics Commission filers) 2 FILER NAME Meyers, W. A. (Mr.) 3 ACCOUNT# 0000 Date Payee name Amount Quorum Report (\$) \$388.62 11/28/2008 6 Payee address; City; State; Zip Code 8407 S. 1st Street Austin, TX 78748 Purpose of payment 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · (See instructions regarding type of information required.) Candidate / Officeholder name: Subscription to political online newsletter 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 Republican Party of Fort Bend County / Lynda Mixon (\$) 09/09/2008 \$1,000.00 6 Payee address; City; State; Zip Code 3218 Oakland Dr. 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: Contribution to County Republican Party 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 16 Purpose of travel 15 Means of transportation

POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 18/23 Report: 29/39 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Meyers, W. A. (Mr.) 0000 Date Amount Payee name Republican Party of Fort Bend County / Lynda Mixon (\$) 10/09/2008 \$800.00 6 Payee address; City; State; Zip Code 3218 Oakland Dr. 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: Political Ad in County Republican Party Newsletter 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 Rose/Rich Chamber of Commerce (\$) 12/01/2008 \$250.00 6 Payee address; City; State; Zip Code 4120 Avenue H Rosenberg, TX 77459 8 Purpose of payment 9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · (See instructions regarding type of information required.) Candidate / Officeholder name: Dues to Rose/Rich Chamber of Commerce 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	POLITICAL EXPENDITURES					CHEDULE F
The INSTRUCTION	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 19/23 Report: 30/39		
2 FILER NAME	Meyers, W. A. (Mr.)	Commence of the second second		3 ACCOUNT # 0000	(Ethics C	ommission filers)
4 Date	5 Payee name Shell Oil				7	Amount (\$)
6 Payee address; City; State; Zip Code 12602 Southwest Freeway Stafford, TX 77477				.,.,		\$99.00
Purpose of payment (See instructions regarding type of information required.) Fuel for campaign pickup truck for political sign location/installation Payment for travel outside Texas (complete boxes 10-16)			9 ' Complete if direc Candidate / Officehol Office sought: Office held:		fit Cand	idate/Officeholder **
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)						
11 Departure city	/ location	12 Departure date	e 13 Destination city / location			14 Arrival date
15 Means of transportation			16 Purpose of travel	namada kushirma kari mongula kari pendari sa makan sa masa kari ana da kari sa makan kari sa makan kari sa mak		
4 Date 10/31/2008	5 Payee name Sprint PCS 6 Payee address; C P.O. Box 660750 Dallas, TX 75266	ity; State; Zip Code		, ,	7	Amount (\$) \$387.20
Expense of (yment uns regarding type of information Campaign Cell phone or travel outside Texas (complete		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 necess	ary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location	O. B. Walley Brown of a	14 Arrival date
15 Means of transportation			16 Purpose of travel			

POLITICAL EXPENDITURES					CHEDULE F	
The Instruction Guide explains how to com	plete this form.		1 PAGE # Schedule: 20/23 Report: 31/39			
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	ommission filers)	
4 Date 5 Payee name US Postoffice				7	Amount (\$)	
12/12/2008 6 Payee address; City; State; Zip Code Postoffice Stafford, TX 77477					\$448.00	
Purpose of payment (See instructions regarding type of information Postage for Campaign Fundraiser / Ren for Campaign Payment for travel outside Texas (complete)	9 ** Complete if direct Candidate / Officehold Office sought: Office held:		fit Cand	idate/Officeholder ••		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)						
11 Departure city / location	12 Departure date	13 Destination city /	location		14 Arrival date	
15 Means of transportation	16 Purpose of travel					
4 Date S Payee name Violence Against Won 10/16/2008 6 Payee address; 10505 Cash Road Stafford, TX 77477	nen Prevention Asso. City; State; Zip Code			7	Amount (\$) \$300.00	
Purpose of payment (See instructions regarding type of information Donation to community service organization.)	tion/advertising	9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · · Candidate / Officeholder name: Office sought:				
Payment for travel outside Texas (completed) Name of person(s) traveling on whose behalf		Office held: was made (attach addii	tional pages if necess	загу)		
11 Departure city / location	12 Departure date	13 Destination city /	location		14 Arrival date	
15 Means of transportation	16 Purpose of travel					

	POLITICAL EXPENDITURES					S	CHEDULE F	
	The Instruction	N GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 22/23 Report: 33/39			
2	FILER NAME	Meyers, W. A. (Mr.)	All control of the second of t		3 ACCOUNT# 0000	(Ethics Co	ommission filers)	
4	Date	5 Payee name West Fort Bend Republi	can Women's Club			7 Amount (\$)		
09/23/2008 6 Payee address; City; State; Zip Code 24503 Falcon Point Katy, TX 77494						\$40.00		
8 Purpose of payment (See instructions regarding type of information required.) 9 ** Complete if direct expenditure to benefit Candidate / Officeholder name:						fit Cand	idate/Officeholder **	
Payment for travel outside Texas (complete boxes 10-16)				Office sought: Office held:				
10	Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11	Departure city /	location	12 Departure date	13 Destination city /	ocation		14 Arrival date	
15 Means of transportation			16 Purpose of travel					
4	Date	5 Payee name Windstream Telephone				7 Amount (\$)		
	07/29/2008	6 Payee address; C 8306 Hwy 90A Sugar Land, TX 77478	city; State; Zip Code				\$101.43	
8	Purpose of pay (See instruction Campaign ph	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officeho		rîit Cand	idate/Officeholder **	
	Payment for	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
1(Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	ary)		
1	1 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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POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 23/23 Report: 34/39 2 FILER NAME Meyers, W. A. (Mr.) 3 ACCOUNT # (Ethics Commission filers) 0000 Payee name Windstream Telephone Amount Date (\$) 12/09/2008 \$203.50 6 Payee address; City; State; Zip Code P.O. Box 9001908 Louisville, KY 40290 9 · · Complete if direct expenditure to benefit Candidate/Officeholder Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Campaign ISP; phone/fax 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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	The Instruction	N GUIDE explains how to compl	lete this form.		1 PAGE# Schedule: 1/5	Report	: 35/39		
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 (\$)		
	07/11/2008	6 Payee address; C 330 Meadowfern Houston, TX 77067	ity; State; Zip Code			\$40.00 Reimbursement from political contributions intended			
8	Purpose of expenditure (See instructions regarding type of information required.) Toll Charges for Campaign/office purposes Payment for travel outside Texas (complete boxes 9-15)								
9									
10 Departure city / location			11 Departure date	12 Destination city / location			13 Arrival date		
14 Means of transportation 15 Purpose of travel									
4	Date	5 Payee name Harris County Toll Road	I Authority			7	Amount (\$)		
	07/29/2008	6 Payee address; C 330 Meadowfern Houston, TX 77067	ity; State; Zip Code			\$40.00 Reimbursement from political contributions intended			
8	8 Purpose of expenditure (See instructions regarding type of information required.) Toll Charges for Campaign/office purposes Payment for travel outside Texas (complete boxes 9-15)								
9	Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)			
11	O Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date		
14 Means of transportation				15 Purpose of travel					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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	The Instruction	N GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 2/5	Report	: 36/39		
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 (\$)		
	10/06/2008	6 Payee address; C 330 Meadowfern Houston, TX 77067				\$40.00 Reimbursement from political contributions intended			
8	8 Purpose of expenditure (See instructions regarding type of information required.) Toll Charges for Campaign/office purposes Payment for travel outside Texas (complete boxes 9-15)								
9									
10	Departure city	/ location	11 Departure date	Departure date 12 Destination city / location			13 Arrival date		
14	Means of trans	portation		15 Purpose of travel					
4	Date	5 Payee name Harris County Toll Road	I Authority	den en e		7	Amount (\$)		
The second secon	10/26/2008	6 Payee address; C 330 Meadowfern Houston, TX 77067	City; State; Zip Code			\$40.00 Reimbursement from political contributions intended			
8	(See instruction Toll Charges	penditure ins regarding type of information for Campaign/office purpose or travel outside Texas (complete	s						
9	Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)			
10	Departure city	/ location	11 Departure date	12 Destination city /	location		13 Arrival date		
14 Means of transportation			<u></u>	15 Purpose of travel					
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

(512)463-5800

	MADE I TOM I ETTOOTAL I ONDO								
	The INSTRUCTIO	N GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 3/5	Report	: 37/39		
2	FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT# 0000	(Ethics C	ommission filers)		
4	Date	5 Payee name Harris County Toll Road	Authority			7	Amount (\$)		
	11/26/2008	6 Payee address; C 330 Meadowfern Houston, TX 77067	ity; State; Zip Code			\$40.00 Reimbursement from political contributions intended			
8	8 Purpose of expenditure (See instructions regarding type of information required.) Toll Charges for Campaign/office purposes Payment for travel outside Texas (complete boxes 9-15)								
9	9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)								
10	Departure city	/ location	11 Departure date 12 Destination city / location				13 Arrival date		
14	Means of trans	portation	A	15 Purpose of travel	Agentus (Anthonis Anthonis Anthonis (Anthonis Anthonis Anthonis Anthonis Anthonis Anthonis Anthonis Anthonis A				
4	Date	5 Payee name Harris County Toll Road	I Authority	The state of the s		7 Amount (\$)			
	12/12/2008	6 Payee address; C 330 Meadowfern Houston, TX 77067		*****		X poli	\$40.00 mbursement from tical contributions nded		
8	Toll Charges	penditure ins regarding type of information i for Campaign/office purpose or travel outside Texas (complete	25						
9	Name of perso	on(s) traveling on whose behalf th	ne 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 transportation				15 Purpose of travel					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

(512)463-5800

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 4/5 Report: 38/39		
2 FILER NAME	Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics C	Commission filers)
4 Date 5 Payee name Sugar Land Rotary				7 Amount (\$)		
08/20/2008 6 Payee address; City; State; Zip Code 4400 Palm Royale Drive Sugar Land, TX 77479					\$15.00 Reimbursement from political contributions intended	
Rotary Meet	ons regarding type of information				J	
9 Name of perso	on(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addit	ional pages if neces	sary)	
10 Departure city	10 Departure city / location		12 Destination city / location		mitalikania eta imiraja ak	13 Arrival date
14 Means of transportation			15 Purpose of travel			
4 Date	5 Payee name Sugar Land Rotary		de tentre de reconsecuence de la consecuencia della		7	Amount (\$)
09/03/2008	6 Payee address; C 4400 Palm Royale Drive Sugar Land, TX 77479	**************			\$100.00 mbursement from tical contributions nded	
Donation Ro	penditure ons regarding type of information stary Foundation or travel outside Texas (complete					
	on(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 transportation			15 Purpose of travel			
			Annual Additional State of Parallel State of Sta			

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.			**************************************	1 PAGE# Schedule: 5/5 Report: 39/39						
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # 0000	(Ethics Commission filers)						
4 Date 5 Payee name West Fort Bend Republican Women's Club				7 Amount (\$)						
12/11/2008 6 Payee address; City; State; Zip Code						\$15.00				
24503 Falcon Point Katy, TX 77494					Reimbursement from political contributions intended					
8 Purpose of expenditure (See instructions regarding type of information required.) Republican Club Dues										
Payment for travel outside Texas (complete boxes 9-15)										
9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)										
10 Departure city / location		11 Departure date	12 Destination city / location			13 Arrival date				
14 Means of transportation			15 Purpose of travel							
4 Date	5 Payee name Windstream Telephone	emperantus comunicativos materiales que y estado en comunicativos de comunicativo de comunicativo de comunicativo de comunicativo de comunicat			7	Amount (\$)				
4 Date 08/14/2008	Windstream Telephone 6 Payee address; C				7					
	Windstream Telephone				Reii	(\$)				
08/14/2008 8 Purpose of ex (See instruction	Windstream Telephone 6 Payee address; C P.O. Box 9001908 Louisville, KY 40290 penditure ons regarding type of information	City; State; Zip Code			Reii	\$77.28 mbursement from tical contributions				
08/14/2008 8 Purpose of ex	Windstream Telephone 6 Payee address; C P.O. Box 9001908 Louisville, KY 40290 penditure ons regarding type of information	City; State; Zip Code			Reii	\$77.28 mbursement from tical contributions				
08/14/2008 8 Purpose of ex (See instruction Campaign policy)	Windstream Telephone 6 Payee address; C. P.O. Box 9001908 Louisville, KY 40290 penditure ons regarding type of information hone/fax or travel outside Texas (complete	city; State; Zip Code required.)			Rein M polii inte	\$77.28 mbursement from tical contributions				
08/14/2008 8 Purpose of ex (See instruction Campaign policy)	Windstream Telephone 6 Payee address; C. P.O. Box 9001908 Louisville, KY 40290 penditure ons regarding type of information hone/fax	city; State; Zip Code required.)		ional pages if necess	Rein M polii inte	\$77.28 mbursement from tical contributions				
08/14/2008 8 Purpose of ex (See instruction Campaign policy)	Windstream Telephone 6 Payee address; C. P.O. Box 9001908 Louisville, KY 40290 penditure ons regarding type of information hone/fax or travel outside Texas (complete on(s) traveling on whose behalf the contraction of th	city; State; Zip Code required.)			Rein M polii inte	\$77.28 mbursement from tical contributions				
08/14/2008 8 Purpose of ex (See instruction Campaign pi	Windstream Telephone 6 Payee address; C. P.O. Box 9001908 Louisville, KY 40290 penditure ons regarding type of information hone/fax or travel outside Texas (complete on(s) traveling on whose behalf the foliation of the factors o	required.) e boxes 9-15) ne expenditure for travel	was məde (attach addit		Rein M polii inte	(\$) \$77.28 inbursement from tical contributions inded				
8 Purpose of ex (See instruction Campaign pi	Windstream Telephone 6 Payee address; C. P.O. Box 9001908 Louisville, KY 40290 penditure ons regarding type of information hone/fax or travel outside Texas (complete on(s) traveling on whose behalf the foliation of the factors o	required.) e boxes 9-15) ne expenditure for travel	was made (attach addit		Rein M polii inte	(\$) \$77.28 inbursement from tical contributions inded				
8 Purpose of ex (See instruction Campaign pi	Windstream Telephone 6 Payee address; C. P.O. Box 9001908 Louisville, KY 40290 penditure ons regarding type of information hone/fax or travel outside Texas (complete on(s) traveling on whose behalf the foliation of the factors o	required.) e boxes 9-15) ne expenditure for travel	was made (attach addit		Rein M polii inte	(\$) \$77.28 inbursement from tical contributions inded				