

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission filers)
043

2 Total pages this report:
1/15

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Bob
NICKNAME LAST SUFFIX
Hebert

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1303 Foster Creek Drive
Richmond TX 77469

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Pat
NICKNAME LAST SUFFIX
Hebert

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1303 Foster Creek
Richmond TX 77469

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
281-341-1454

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 9th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
07/01/2009 12/31/2009

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

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

Name

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

additional pages

GO TO PAGE 2

OFFICE USE ONLY

Date Received **RECEIVED**

JAN 13 2010

FORT BEND COUNTY ELECTIONS

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Bob Hebert **16 ACCOUNT #** (Ethics Commission Files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

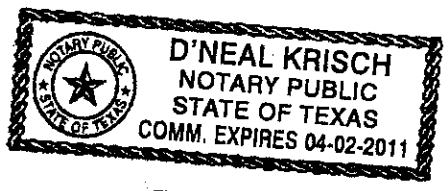
additional pages

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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 66097.19
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 238.37
	4. TOTAL POLITICAL EXPENDITURES	\$ 28477.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 84488.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 AFFIDAVIT



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

Bob Hebert
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JANUARY 20 10, to certify which, witness my hand and seal of office, this the 13 day

D'Neal Krisch
Signature of officer administering oath

D'NEAL KRISCH
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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

1 Total pages this report:
3/15

2 FILER NAME
Bob Hebert

3 ACCOUNT # (Ethics Commission Uses)
043

4 Date
11/23/2009

5 Full name of contributor out-of-state PAC(ID# _____)
Allen Boone Humphries Robinson LLP

6 Contributor address; City; State; Zip Code
3200 Southwest Freeway, Suite 2600
Houston TX 77027

7 Amount of contribution (\$)
4000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
Andrews & Kurth Texas PAC

11/12/2009

Contributor address; City; State; Zip Code
600 Travis, suite 4200
Houston TX 77479-5553

Amount of contribution (\$)
2000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
Costello, Inc PAC

12/01/2009

Contributor address; City; State; Zip Code
9990 Richmond Ave. Suite 450
Houston TX 77042

Amount of contribution (\$)
4000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
James Dannenbaum

11/17/2009

Contributor address; City; State; Zip Code
3100 w. Alabama
Houston TX 77098

Amount of contribution (\$)
4000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
Estate of Bruce F. Harrison

11/16/2009

Contributor address; City; State; Zip Code
712 Main Street, suite 1900
Houston TX 77002

Amount of contribution (\$)
2000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:

4/15

2 FILER NAME

Bob Hebert

3 ACCOUNT # (Ethics Commission file)

043

4 Date

11/16/2009

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

Dan Harrison

6 Contributor address; City; State; Zip Code

712 Main Street, Suite 1900

Houston TX 77002

7 Amount of contribution (\$)

2000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

11/17/2009

Full name of contributor out-of-state PAC(ID# _____)

Bill Jameson

Contributor address; City; State; Zip Code

803 San Marino

Sugar Land TX 77478

Amount of contribution (\$)

2097.19

In-kind contribution description (if applicable)

Hosted campaign dinner

Principal occupation (Optional)

Employer (Optional)

Date

12/05/2009

Full name of contributor out-of-state PAC(ID# _____)

Larry Johnson

Contributor address; City; State; Zip Code

5005 Riverway

Houston TX 77056

Amount of contribution (\$)

4000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/17/2009

Full name of contributor out-of-state PAC(ID# _____)

Calvin Ladner

Contributor address; City; State; Zip Code

4903 Candletree Dr

Houston TX 77018

Amount of contribution (\$)

2000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/12/2009

Full name of contributor out-of-state PAC(ID# _____)

Rocky Lai

Contributor address; City; State; Zip Code

1210 Sugar Creek

Sugar Land TX 77478

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
5/15

2 FILER NAME
Bob Hebert

3 ACCOUNT # (Ethics Commission file)
043

4 Date
11/17/2009

5 Full name of contributor out-of-state PAC(ID# _____)
Linebarger Goggan Blair & Sampson, LLP

7 Amount of contribution (\$)
4000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
P.O. Box 17428
Austin TX 78760

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
James Moehlman

Amount of contribution (\$)
2000.00

In-kind contribution description (if applicable)

11/17/2009

Contributor address; City; State; Zip Code
6211 N. Woods Lane
Katy TX 77494

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
Ronald Mullinax

Amount of contribution (\$)
4000.00

In-kind contribution description (if applicable)

11/17/2009

Contributor address; City; State; Zip Code
11490 Westheimer
Houston TX 77077-6841

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
Les Newton

Amount of contribution (\$)
4000.00

In-kind contribution description (if applicable)

11/08/2009

Contributor address; City; State; Zip Code
3506 Mesquite Dr.
Sugar Land TX 77479

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
John Null

Amount of contribution (\$)
4000.00

In-kind contribution description (if applicable)

11/13/2009

Contributor address; City; State; Zip Code
218 Keswick
Sugar Land TX 77478

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The instruction Guide explains how to complete this form.		1 Total pages this report 6/15	
2 FILER NAME Bob Hebert		3 ACCOUNT # (Enter Commission Base) 043	
4 Date 11/17/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Pate PAC 6 Contributor address; City; State; Zip Code 13333 Northwest Freeway Suite 300 Houston TX 77040	7 Amount of contribution (\$) 4000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/17/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Glenn Plowman Contributor address; City; State; Zip Code P.O. Box 649 Simonton TX 77476	Amount of contribution (\$) 4000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/17/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Tom Ramsey Contributor address; City; State; Zip Code 1410 Mustang Richmond TX 77469	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Jim Roberts Contributor address; City; State; Zip Code 5610 Bergenfield Ct. Katy TX 77450	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/17/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) James F. Thompson Contributor address; City; State; Zip Code 5556 Doliver Dr. Houston TX 77056	Amount of contribution (\$) 4000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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

1 Total pages this report:

7/15

2 FILER NAME

Bob Hebert

3 ACCOUNT # (Ethics Commission file#)

043

4 Date

11/14/2009

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

John Van De Weile

6 Contributor address; City; State; Zip Code

Houston TX 77077

7 Amount of contribution (\$)

4000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

12/08/2009

Full name of contributor out-of-state PAC(ID# _____)

Lawrence Wong

Contributor address; City; State; Zip Code
6638 Sharpstown Green Circle

Houston TX 77036

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL EXPENDITURES

SCHEDULE F

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

1 Total pages report:
8/15

2 FILER NAME
Bob Hebert

3 ACCOUNT # (Ethics Commission form)
043

4 Date
09/07/2009

5 Payee name
American Red Cross

7 Amount
(\$)
1000.00

6 Payee address; City; State; Zip Code
P. O. Box 393
Richmond TX 77406-0393

8 Purpose of expenditure (See instructions regarding type of information required.)
Red Cross Super Ball Sponsorship

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
10/12/2009

Payee name
Asians against Domestic Abuse

Amount
(\$)
200.00

Payee address; City; State; Zip Code
P.O. Box 420776
Houston TX 77242-0776

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

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
08/25/2009

Payee name
CardScan

Amount
(\$)
269.94

Payee address; City; State; Zip Code
44 Commerce Rd.
Stamford CT 06902

Purpose of expenditure (See instructions regarding type of information required.)
Purchase business card scanner

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
10/12/2009

Payee name
Child Advocates of Fort Bend County

Amount
(\$)
300.00

Payee address; City; State; Zip Code
P.O. Box 1032
Richmond TX 77469

Purpose of expenditure (See instructions regarding type of information required.)
Home Tour sponsorship

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

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

1 Total pages report:
9/15

2 FILER NAME
Bob Hebert

3 ACCOUNT # (Ethics Commission filers)
043

4 Date 10/22/2009	5 Payee name Child Advocates of Fort Bend County	7 Amount (\$) 30.00
6 Payee address; City; State; Zip Code P.O. Box 1032 Richmond TX 77469		

8 Purpose of expenditure (See instructions regarding type of information required.) Membership dues	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 10/12/2009	Payee name City of Rosenberg	Amount (\$) 250.00
Payee address; City; State; Zip Code 2110 Fourth St. Rosenberg TX 77471		

Purpose of expenditure (See instructions regarding type of information required.) Christmas in Rosenberg sponsorship	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 08/25/2009	Payee name Exchange Club of Fort Bend	Amount (\$) 300.00
Payee address; City; State; Zip Code P.O. Box 169 Sugar Land TX 77487-1069		

Purpose of expenditure (See instructions regarding type of information required.) Golf Tournament Hole sponsorships	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 07/27/2009	Payee name Fort Bend Chamber of Commerce	Amount (\$) 150.00
Payee address; City; State; Zip Code 445 Commerce Green Sugar Land TX 77478		

Purpose of expenditure (See instructions regarding type of information required.) Membership dues	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
10/15

2 FILER NAME
Bob Hebert

3 ACCOUNT # (Ethics Commission filers)
043

4 Date
12/07/2009

5 Payee name
Fort Bend Chamber of Commerce

7 Amount
(\$)
225.00

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

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

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
08/31/2009

Payee name
Fort Bend County Fair Association

Amount
(\$)
1500.00

Payee address; City; State; Zip Code
4310 Hwy 36 South
Rosenberg TX 77471

Purpose of expenditure (See instructions regarding type of information required.)
County Fair sponsorship

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
10/30/2009

Payee name
Fort Bend County Fair Association

Amount
(\$)
5050.00

Payee address; City; State; Zip Code
4310 Hwy 36 South
Rosenberg TX 77471

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

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
07/27/2009

Payee name
Fort Bend Forward

Amount
(\$)
1500.00

Payee address; City; State; Zip Code
Salute to Fort Bend
P.O. Box 1129
Richmond TX 77469

Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship for Salute to Fort Bend

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
11/15

2 FILER NAME
Bob Hebert

3 ACCOUNT # (Ethics Commission filers)
043

4 Date
10/09/2009

5 Payee name
Fort Bend Forward

7 Amount (\$)
2000.00

6 Payee address; City; State; Zip Code
Salute to Fort Bend
P.O. Box 1129
Richmond TX 77469

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

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
12/22/2009

Payee name
Fort Bend Herald

Amount (\$)
1319.00

Payee address; City; State; Zip Code
P.O. Box 1088
Rosenberg TX 77471-1088

Purpose of expenditure (See instructions regarding type of information required.)
Endorsement Ad

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
12/22/2009

Payee name
Fort Bend Independent

Amount (\$)
1600.00

Payee address; City; State; Zip Code
P.O. Box 623
Sugar Land TX 77487

Purpose of expenditure (See instructions regarding type of information required.)
Endorsement AD

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
08/10/2009

Payee name
Fort Bend Museum Association

Amount (\$)
500.00

Payee address; City; State; Zip Code
P.O. Drawer 460
Richmond TX 77469

Purpose of expenditure (See instructions regarding type of information required.)
Texian Market Days sponsorship

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
12/15

2 FILER NAME
Bob Hebert

3 ACCOUNT # (Ethics Commission files)
043

4 Date
10/12/2009

5 Payee name
Fort Bend Museum Association

7 Amount
(\$)
500.00

6 Payee address; City; State; Zip Code
P.O. Drawer 460
Richmond TX 77469

8 Purpose of expenditure (See instructions regarding type of information required.)
Golf tournament sponsorship

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
08/16/2009

Payee name
Fort Bend Railroad Museum

Amount
(\$)
150.00

Payee address; City; State; Zip Code
P.O. Box 607
Rosenberg TX 77471-0607

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

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
10/12/2009

Payee name
Fort Bend Rotary Club

Amount
(\$)
200.00

Payee address; City; State; Zip Code
510 Longview Dr.
Sugar Land TX 77478

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

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
12/22/2009

Payee name
Fort Bend/Southwest Star

Amount
(\$)
1638.00

Payee address; City; State; Zip Code
4655 Techniplex, Suite 300
Stafford TX 77477

Purpose of expenditure (See instructions regarding type of information required.)
Endorsement Ad

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

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

1 Total pages report:
13/15

2 FILER NAME
Bob Hebert

3 ACCOUNT # (Ethics Commission filers)
043

4 Date
12/22/2009

5 Payee name
Fulshear Times

7 Amount
(\$)
565.00

6 Payee address; City; State; Zip Code
P.O. Box 156
Fulshear TX 77441

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

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
12/24/2009

Payee name
Houston Chronicle

Amount
(\$)
2457.00

Payee address; City; State; Zip Code
801 Texas Ave.
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Endorsement Ad

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
12/22/2009

Payee name
Houston Community Newspaper

Amount
(\$)
1270.00

Payee address; City; State; Zip Code
523 N. sam Houston Parkway,Suite 600
Houston TX 77060

Purpose of expenditure (See instructions regarding type of information required.)
Endorsement Ad

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
12/07/2009

Payee name
Katy Area Chamber of Commerce

Amount
(\$)
365.00

Payee address; City; State; Zip Code
2501 S. Mason
Suite 230
Katy TX 77450

Purpose of expenditure (See instructions regarding type of information required.)
Membership dues

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
14/15

2 FILER NAME
Bob Hebert

3 ACCOUNT # (Ethics Commission filers)
043

4 Date 10/20/2009	5 Payee name Oak Bend Medical Center	7 Amount (\$) 150.00
6 Payee address; City; State; Zip Code 1705 Jackson St. Richmond TX 77469		

8 Purpose of expenditure (See instructions regarding type of information required.) Tickets - What's Up Doc event	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 12/03/2009	Payee name Republican Party of Fort Bend County	Amount (\$) 1250.00
Payee address; City; State; Zip Code 231 River Grove Sugar Land TX 77478		

Purpose of expenditure (See instructions regarding type of information required.) Candidate Filing Fee - 2010 Election	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 12/13/2009	Payee name Republican Party of Fort Bend County	Amount (\$) 2000.00
Payee address; City; State; Zip Code 231 River Grove Sugar Land TX 77478		

Purpose of expenditure (See instructions regarding type of information required.) Back Page Ad in Newsletter	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 08/16/2009	Payee name Republican Party of Fort Bend	Amount (\$) 400.00
Payee address; City; State; Zip Code P.O. Box 1987 Sugar Land TX 77487-1987		

Purpose of expenditure (See instructions regarding type of information required.) Golf Tournament Hole sponsorships	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

POLITICAL EXPENDITURES

SCHEDULE F

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

1 Total pages report:
15/15

2 FILER NAME
Bob Hebert

3 ACCOUNT # (Ethics Commission filers)
043

4 Date
10/20/2009

5 Payee name
Spirit of Freedom Republican women's Club PAC

7 Amount
(\$)
100.00

6 Payee address; City; State; Zip Code
4303 Oak Trail Ct.
Sugar Land TX 77479

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

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
10/12/2009

Payee name
Sugar Land Cultural Arts Foundation

Amount
(\$)
1000.00

Payee address; City; State; Zip Code
4771 Sweetwater Blvd,PMB 107
Sugar Land TX 77479

Purpose of expenditure (See instructions regarding type of information required.)
Founder's Ball 2010 Sponsorship

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held