

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) 0000	2 PAGE # 1 of 57		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST W. A.	MI	OFFICE USE ONLY	
	NICKNAME Andy	LAST Meyers	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 423 Longview Drive Sugar Land, TX 77478				Date Received
					Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Michael	MI	Receipt #	
	NICKNAME	LAST Meyers	SUFFIX	Amount	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 423 Longview Drive Sugar Land, TX 77478			Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year 07/01/2007		THROUGH	Month Day Year 12/30/2007	
10 ELECTION	ELECTION DATE Month Day Year 04/04/2008	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) County Commissioner Pct. 3		12 OFFICE SOUGHT (if known) County Commissioner Pct. 3		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	. . . 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				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Meyers, W. A. (Mr.)

15 ACCOUNT # (Ethics Commission filers)
0000

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	22,089.50
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	505.55
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4. TOTAL POLITICAL EXPENDITURES	\$	33,976.45
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	38,572.93
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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18 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 1/12 Report: 3/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 10/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Aguirre, Oscar (Mr.) 6 Contributor address; City; State; Zip Code 4800 Sugar Grove # 600 Stafford, TX 77477			7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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 08/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allen, Boone & Humperies 6 Contributor address; City; State; Zip Code 3200 SW Freeway # 2600 Houston, TX 77027			7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 2/12 Report: 4/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 08/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Arcadis G&M, In.c Texas PAC 6 Contributor address; City; State; Zip Code 11490 Westheimer # 600 Houston, TX 77077			7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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 12/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Beckendorf, Malcolm (Mr.) 6 Contributor address; City; State; Zip Code 5072 Mockingbird. Ln. Katy, TX 77493			7 Amount of contribution (\$) \$112.50	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Fundraisers Expenditures - Postage, other		
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		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 3/12 Report: 5/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 07/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Roberts, Jim & Betul			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code 10015 Sable Meadow Ct. Houston, TX 77064					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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 07/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cannon, Jeff (Mr.)			7 Amount of contribution (\$) \$2,000.00	
6 Contributor address; City; State; Zip Code 11767 Katy Freeway # 370 Houston, TX 77079					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 4/12 Report: 6/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 07/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cartwright, James & Miriam			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code 15914 Pebble Creek Trail Cypress, TX 77433					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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 10/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Costello, Stephen			7 Amount of contribution (\$) \$2,000.00	
6 Contributor address; City; State; Zip Code 2211 McDuffie Houston, TX 77019					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 5/12 Report: 7/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 07/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dore, Melisa (Ms.) 6 Contributor address; City; State; Zip Code 11811 Moss Branch Rd. Houston, TX 77043			7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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 11/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lin, Dawn (Ms.) 6 Contributor address; City; State; Zip Code 13935 Hidden Lake Ln. Sugar Land, TX 77478			7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 6/12 Report: 8/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 07/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lippke, Patricia C.			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code 19 Flamingo Rockport, TX 78382					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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 07/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lippke, Patricia C.			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code 19 Flamingo Rockport, TX 78382					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 7/12 Report: 9/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 08/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Miller, Jack			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code 12121 Wickchester Lane #200 Houston, TX 77079					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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 08/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perdue Brandon Fielder Collins LLP			7 Amount of contribution (\$) \$2,500.00	
6 Contributor address; City; State; Zip Code 1235 North Loop W. #500 Houston, TX 77008					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 8/12 Report: 10/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 08/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry, Bob			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code PO Box 34153 Houston, TX 77234					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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 08/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry, Doyleene (Mrs.)			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code 18630 Barbuda Houston, TX 77058					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 9/12 Report: 11/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 08/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry, Will (Mr.) 6 Contributor address; City; State; Zip Code 15 Stgeve Fuqua Place Missouri City, TX 77459			7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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 07/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Raba-Kistner PAC 6 Contributor address; City; State; Zip Code P.O. Box 690287 San Antonio, TX 78269			7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 10/12 Report: 12/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 07/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ratnala, Balwanthrao (Mr.) 6 Contributor address; City; State; Zip Code 18815 Windsor Lakes Dr. Houston, TX 77094			7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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 12/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rhoads, Orval (Mr.) 6 Contributor address; City; State; Zip Code 3606 Pitts Rd Katy, TX 77493			7 Amount of contribution (\$) \$246.50	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Fundraisers Expenditures - postage, miscellaneous		
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		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 11/12 Report: 13/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 08/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sadeghpour, David (Mr.) 6 Contributor address; City; State; Zip Code 701 Shephard # 200 Houston, TX 77007			7 Amount of contribution (\$) \$250.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of 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 12/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sass, Walt 6 Contributor address; City; State; Zip Code 2707 Autumn Lake Katy, TX 77450			7 Amount of contribution (\$) \$480.50	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable) Fundraisers Expenditures, postage, invitations, office expense/supplies & other		
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		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/12 Report: 14/57	
2 FILER NAME Meyers, W. A. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 08/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wilcox, Thomas (Mr.) 6 Contributor address; City; State; Zip Code 4903 Water Point Missouri City, TX 77459	7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of 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	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 1/31 Report: 15/57	
2 FILER NAME Meyers, W. A. (Mr.)				3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 09/14/2007	5 Payee name A. J. Dorr Campaign 6 Payee address; City; State; Zip Code 13203 Colony Road Needville, TX 77461			7 Amount (\$) \$325.00	
8 Purpose of payment (See instructions regarding type of information required.) Contribtuion <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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 09/14/2007	5 Payee name A. J. Dorr Campaign 6 Payee address; City; State; Zip Code 13203 Colony Road Needville, TX 77461			7 Amount (\$) \$250.00	
8 Purpose of payment (See instructions regarding type of information required.) Contribtuion <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 2/31 Report: 16/57	
2 FILER NAME Meyers, W. A. (Mr.)				3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 10/01/2007	5 Payee name Boy Scout Troop 584	7 Amount (\$) \$306.78		6 Payee address; City; State; Zip Code 21902 Suntree Katy, TX 77450	
8 Purpose of payment (See instructions regarding type of information required.) Donation to Boy Scouts <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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 10/22/2007	5 Payee name Bronsell, Mandi (Mrs.)	7 Amount (\$) \$42.00		6 Payee address; City; State; Zip Code 2402 Standing Oak Ln. Richmond, TX 77469	
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement of Auction Item for Political Event <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 3/31 Report: 17/57		
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 11/26/2007	5 Payee name Bronsell, Mandi (Mrs.) 6 Payee address; City; State; Zip Code 2402 Standing Oak Ln. Richmond, TX 77469	7 Amount (\$) \$150.00			
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement of Auction Item for Political/Charity Events <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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 12/20/2007	5 Payee name Bronsell, Mandi (Mrs.) 6 Payee address; City; State; Zip Code 2402 Standing Oak Ln. Richmond, TX 77469	7 Amount (\$) \$75.00			
8 Purpose of payment (See instructions regarding type of information required.) Christmas Gift to Office Staff Member <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 4/31 Report: 18/57		
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 09/18/2007	5 Payee name Campaign Solutions LLC 6 Payee address; City; State; Zip Code 7222 Bellerive # 2505 Houston, 77036	7 Amount (\$) \$2,500.00			
8 Purpose of payment (See instructions regarding type of information required.) Campaign Services Fee/Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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 09/18/2007	5 Payee name Campaign Solutions LLC 6 Payee address; City; State; Zip Code 7222 Bellerive # 2505 Houston, TX 77036	7 Amount (\$) \$1,500.00			
8 Purpose of payment (See instructions regarding type of information required.) Campaign Expenses - Vehicle, Phone, office, miscellaneous <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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**

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 5/31 Report: 19/57		
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 10/26/2007	5 Payee name Campaign Solutions LLC 6 Payee address; City; State; Zip Code 7222 Bellerive # 2505 Houston, TX 77036	7 Amount (\$) \$500.00			
8 Purpose of payment (See instructions regarding type of information required.) Campaign Services Fee/Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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 11/11/2007	5 Payee name Campaign Solutions LLC 6 Payee address; City; State; Zip Code 7222 Bellerive # 2505 Houston, TX 77036	7 Amount (\$) \$2,000.00			
8 Purpose of payment (See instructions regarding type of information required.) Campaign Services/Expenses - vehicle, phone, supplies, entertainment, miscellaneous <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 6/31 Report: 20/57		
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 10/25/2007	5 Payee name City of Meadows Place 6 Payee address; City; State; Zip Code One Troyan Drive Meadows Place, TX 77477	7 Amount (\$) \$150.00			
8 Purpose of payment (See instructions regarding type of information required.) City Golf Tournament Ad <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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 07/30/2007	5 Payee name Comcast 6 Payee address; City; State; Zip Code 8590 W. Tidwell Rd Houston, TX 77040	7 Amount (\$) \$33.65			
8 Purpose of payment (See instructions regarding type of information required.) Campaign Web Site <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 7/31 Report: 21/57
2 FILER NAME Meyers, W. A. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 08/28/2007	5 Payee name Comcast 6 Payee address; City; State; Zip Code 8590 W. Tidwell Rd Houston, TX 77040	7 Amount (\$) \$55.26	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Web Site <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of 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 09/28/2007	5 Payee name Comcast 6 Payee address; City; State; Zip Code 8590 W. Tidwell Rd Houston, TX 77040	7 Amount (\$) \$55.26	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Web Site <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of 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**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 8/31 Report: 22/57	
2 FILER NAME Meyers, W. A. (Mr.)				3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date	5 Payee name Comcast			7 Amount (\$)	
10/29/2007	6 Payee address; City; State; Zip Code 8590 W. Tidwell Rd Houston, TX 77040			\$60.67	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Web Site <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)				9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of 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 (\$)	
11/28/2007	6 Payee address; City; State; Zip Code 8590 W. Tidwell Rd Houston, TX 77040			\$66.08	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Web Site <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)				9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of 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

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 9/31 Report: 23/57		
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 12/28/2007	5 Payee name Comcast 6 Payee address; City; State; Zip Code 8590 W. Tidwell Rd Houston, TX 77040	7 Amount (\$) \$60.67			
8 Purpose of payment (See instructions regarding type of information required.) Campaign Web Site <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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 12/20/2007	5 Payee name Davis, Delynn 6 Payee address; City; State; Zip Code 1809 Eldridge Sugar Land, TX 77478	7 Amount (\$) \$75.00			
8 Purpose of payment (See instructions regarding type of information required.) Christmas Gift to Office Staff Member <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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**

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 10/31 Report: 24/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 10/09/2007	5 Payee name Dean Hrbacek & Associates		7 Amount (\$) \$4,117.82	
6 Payee address; City; State; Zip Code 130 Industrial Blvd. # 120 Sugar Land, TX 77478				
8 Purpose of payment (See instructions regarding type of information required.) Legal services to Campaign <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of 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 09/27/2007	5 Payee name Dean Hrbacek for Congress		7 Amount (\$) \$1,200.00	
6 Payee address; City; State; Zip Code 130 Industrial Blvd. # 120 Sugar Land, TX 77478				
8 Purpose of payment (See instructions regarding type of information required.) Contribution <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of 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

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 11/31 Report: 25/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 10/01/2007	5 Payee name Exchange Club of Fort Bend 6 Payee address; City; State; Zip Code 4800 Sugar Grove Glvd.#100 Stafford, TX 77477	7 Amount (\$) \$300.00		
8 Purpose of payment (See instructions regarding type of information required.) Donation to local Service Club <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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 08/13/2007	5 Payee name Exxon/Mobil Oil 6 Payee address; City; State; Zip Code P.O. Box 768911 Roswell, GA 30078-8911	7 Amount (\$) \$220.00		
8 Purpose of payment (See instructions regarding type of information required.) Expenses - Campaign Manager vehicle & other for services per agreement. <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 12/31 Report: 26/57	
2 FILER NAME Meyers, W. A. (Mr.)				3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 11/21/2007	5 Payee name Faulkner, Tammy (Mrs.)			7 Amount (\$) \$70.00	
6 Payee address; City; State; Zip Code 2318 Osprey Park Katy, TX 77494					
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for Pony League Team Party Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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 11/27/2007	5 Payee name Fort Bend Buyers Group			7 Amount (\$) \$100.00	
6 Payee address; City; State; Zip Code P.O. Box 428 Rosenberg, TX 77471					
8 Purpose of payment (See instructions regarding type of information required.) Donation to FFA & 4 H Fair Auction <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 13/31 Report: 27/57		
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 10/09/2007	5 Payee name Fort Bend Chamber 6 Payee address; City; State; Zip Code 445 Commerce Green Blvd Sugar Land, TX 77478	7 Amount (\$) \$225.00			
8 Purpose of payment (See instructions regarding type of information required.) Chamber Dues <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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 10/25/2007	5 Payee name Fort Bend County Deputy Sheriff Association 6 Payee address; City; State; Zip Code 1410 Ransom Road Richmond, TX	7 Amount (\$) \$150.00			
8 Purpose of payment (See instructions regarding type of information required.) Donation to Sheriff Deputy Association <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 14/31 Report: 28/57	
2 FILER NAME Meyers, W. A. (Mr.)				3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 09/04/2007	5 Payee name Fort Bend Fair Association			7 Amount (\$) \$1,000.00	
6 Payee address; City; State; Zip Code P.O. Box 428 Rosenberg, TX 77471					
8 Purpose of payment (See instructions regarding type of information required.) Donation to Fort Bend Fair Association/FFA & 4-H <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)				9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of 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 10/30/2007	5 Payee name Fort Bend Fair Association			7 Amount (\$) \$3,650.00	
6 Payee address; City; State; Zip Code P.O. Box 428 Rosenberg, TX 77471					
8 Purpose of payment (See instructions regarding type of information required.) Donation to Fort Bend Fair Association/FFA & 4-H <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)				9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of 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**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 15/31 Report: 29/57	
2 FILER NAME Meyers, W. A. (Mr.)				3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 09/06/2007	5 Payee name Fort Bend Republican Club 6 Payee address; City; State; Zip Code 130 Industrial Blvd. # 110 Sugar Land, TX 77478			7 Amount (\$) \$150.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsor of Club Event <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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 11/01/2007	5 Payee name Fort Bend Republican Club 6 Payee address; City; State; Zip Code 130 Industrial Blvd. # 110 Sugar Land, TX 77478			7 Amount (\$) \$150.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsor of Club Event <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 16/31 Report: 30/57		
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 09/19/2007	5 Payee name Friends of Fred Thompson 6 Payee address; City; State; Zip Code P.O. Box 128349 Nashville, TN 37212	7 Amount (\$) \$500.00			
8 Purpose of payment (See instructions regarding type of information required.) Contribution to attend Event <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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 12/03/2007	5 Payee name Houston Pastors Association 6 Payee address; City; State; Zip Code P.O. Box 2606 Houston, TX 77252	7 Amount (\$) \$600.00			
8 Purpose of payment (See instructions regarding type of information required.) Sponsor of Event <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 17/31 Report: 31/57	
2 FILER NAME Meyers, W. A. (Mr.)				3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 11/08/2007	5 Payee name Hypotenuse, Inc. 6 Payee address; City; State; Zip Code 15 Bloomfield Ave. Verona, NJ 07044			7 Amount (\$) \$312.01	
8 Purpose of payment (See instructions regarding type of information required.) Get Out The Vote Phone Message Blast <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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 09/17/2007	5 Payee name Katy Pony Baseball 6 Payee address; City; State; Zip Code 4072 Katy Hockley Cut Off Katy, TX 77493			7 Amount (\$) \$300.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsor Pony League Baseball Team <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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**

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 18/31 Report: 32/57		
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 08/09/2007	5 Payee name Meyers, Michael 6 Payee address; City; State; Zip Code P.O. Box 1275 Stafford, TX 77477	7 Amount (\$) \$100.00			
8 Purpose of payment (See instructions regarding type of information required.) Campaign Manager Services <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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 10/12/2007	5 Payee name Milton Wright Campaign 6 Payee address; City; State; Zip Code 1519 Tilman Dr. Richmond, TX 77469	7 Amount (\$) \$175.00			
8 Purpose of payment (See instructions regarding type of information required.) Contribution <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 19/31 Report: 33/57		
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 07/16/2007	5 Payee name Nationwide Insurance 6 Payee address; City; State; Zip Code 14140 Southwest Frwy # 100 Sugar Land, TX 77478	7 Amount (\$) \$189.87			
8 Purpose of payment (See instructions regarding type of information required.) Campaign Manager vehicle expense, reimburse use of personal vehicle for political/office use. <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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 09/17/2007	5 Payee name Nationwide Insurance (Truck) 6 Payee address; City; State; Zip Code 14140 Southwest Frwy # 100 Sugar Land, TX 77478	7 Amount (\$) \$189.87			
8 Purpose of payment (See instructions regarding type of information required.) Expenses Campaign Truck/Vehicle Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 20/31 Report: 34/57	
2 FILER NAME Meyers, W. A. (Mr.)				3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 07/23/2007	5 Payee name No Limit Girls Baseball			7 Amount (\$) \$100.00	
6 Payee address; City; State; Zip Code P.O. Box 135 Katy, TX 77494					
8 Purpose of payment (See instructions regarding type of information required.) Donation <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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 10/15/2007	5 Payee name Office Depot			7 Amount (\$) \$87.66	
6 Payee address; City; State; Zip Code 11815 Wilcrest Houston, TX 77031					
8 Purpose of payment (See instructions regarding type of information required.) Campaign Office Supplies - paper, ink <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 21/31 Report: 35/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 11/19/2007	5 Payee name Pamela Printing 6 Payee address; City; State; Zip Code 550 Julie Rivers Dr. # 310 Sugar Land, TX 77478	7 Amount (\$) \$1,430.00		
8 Purpose of payment (See instructions regarding type of information required.) Invitations for Republican Party of Fort Bend Christmas Party <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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 11/21/2007	5 Payee name Pump It Up 6 Payee address; City; State; Zip Code 923 S. Mason Road Katy, TX 77450	7 Amount (\$) \$336.62		
8 Purpose of payment (See instructions regarding type of information required.) Pony League Team Party <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 22/31 Report: 36/57		
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 10/19/2007	5 Payee name Raia, Terese (Mrs.) 6 Payee address; City; State; Zip Code 1 Turnabout Cr. Sugar Land, TX 77478	7 Amount (\$) \$237.02			
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement of Mailout for Nov. '07 Election <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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 10/01/2007	5 Payee name Republican Party of Fort Bend County 6 Payee address; City; State; Zip Code P.O. Box 17973 Sugar Land, TX 77496	7 Amount (\$) \$800.00			
8 Purpose of payment (See instructions regarding type of information required.) Ad in Newsletter <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 23/31 Report: 37/57		
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 10/22/2007	5 Payee name Republican Party of Fort Bend County 6 Payee address; City; State; Zip Code P.O. Box 17973 Sugar Land, TX 77496	7 Amount (\$) \$225.00			
8 Purpose of payment (See instructions regarding type of information required.) Contribution <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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 11/28/2007	5 Payee name Republican Party of Fort Bend County 6 Payee address; City; State; Zip Code P.O. Box 17973 Sugar Land, TX 77496	7 Amount (\$) \$1,250.00			
8 Purpose of payment (See instructions regarding type of information required.) Filing Fee for Office <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 24/31 Report: 38/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 08/14/2007	5 Payee name Rose/Rich Chamber of Commerce 6 Payee address; City; State; Zip Code 4120 Avenue H Rosenberg, TX 77459	7 Amount (\$) \$250.00		
8 Purpose of payment (See instructions regarding type of information required.) Dues to Rose/Rich Chamber of Commerce <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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 07/31/2007	5 Payee name Sandersen, Knox & Belt 6 Payee address; City; State; Zip Code 130 Industrial Blvd. # 130 Sugar Land, TX 77478	7 Amount (\$) \$243.91		
8 Purpose of payment (See instructions regarding type of information required.) Reimburse GOTV Phone Blast <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 25/31 Report: 39/57	
2 FILER NAME Meyers, W. A. (Mr.)				3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 11/27/2007	5 Payee name Shrine Circus Fund 6 Payee address; City; State; Zip Code 2900 N. Breaswood Houston, TX			7 Amount (\$) \$150.00	
8 Purpose of payment (See instructions regarding type of information required.) Donation to Service Organization <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)				9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of 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 12/20/2007	5 Payee name Smith, Lila (Mrs.) 6 Payee address; City; State; Zip Code 1809 Eldridge Sugar Land, TX 77478			7 Amount (\$) \$75.00	
8 Purpose of payment (See instructions regarding type of information required.) Christmas Gift to Office Staff Member <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)				9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of 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

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 26/31 Report: 40/57		
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 10/01/2007	5 Payee name Spirit of Freedom Republican Women Club 6 Payee address; City; State; Zip Code 25 Charleston N. Sugar Land, TX 77478	7 Amount (\$) \$350.00			
8 Purpose of payment (See instructions regarding type of information required.) Sponsor Club Event <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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 12/24/2007	5 Payee name Sprint 6 Payee address; City; State; Zip Code 3355 Highway 6 Sugar Land, TX 77479	7 Amount (\$) \$121.21			
8 Purpose of payment (See instructions regarding type of information required.) Campaign Cell phone expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 27/31 Report: 41/57	
2 FILER NAME Meyers, W. A. (Mr.)				3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 08/01/2007	5 Payee name Sprint PCS 6 Payee address; City; State; Zip Code P.O. Box 660750 Dallas, TX 75266			7 Amount (\$) \$138.82	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Manager Cell Phone by agreement & Campaign Cell phone <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)				9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of 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 07/31/2007	5 Payee name Sugar Creek Country Club 6 Payee address; City; State; Zip Code 420 Sugar Creek Blvd Sugar Land, TX 77478			7 Amount (\$) \$178.66	
8 Purpose of payment (See instructions regarding type of information required.) County Club used exclusively for campaign/office purposes during period <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)				9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of 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**

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 28/31 Report: 42/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 10/26/2007	5 Payee name Sugar Creek Garden Club 6 Payee address; City; State; Zip Code 420 Sugar Creek Blvd. Sugar Land, TX 77478	7 Amount (\$) \$100.00		
8 Purpose of payment (See instructions regarding type of information required.) Donation <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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 09/19/2007	5 Payee name Sugar Land Cultural Foundation 6 Payee address; City; State; Zip Code P.O. Box 110 Sugar Land, TX 77487	7 Amount (\$) \$250.00		
8 Purpose of payment (See instructions regarding type of information required.) Donation to Cultural Arts Center <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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**

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 29/31 Report: 43/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000	
4 Date 07/23/2007	5 Payee name Sugar Land Rotary 6 Payee address; City; State; Zip Code 4400 Palm Royale Drive Sugar Land, TX 77479	7 Amount (\$) \$500.00		
8 Purpose of payment (See instructions regarding type of information required.) Donation Rotary Foundation <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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 09/04/2007	5 Payee name Sugar Land Rotary 6 Payee address; City; State; Zip Code 4400 Palm Royale Drive Sugar Land, TX 77479	7 Amount (\$) \$1,000.00		
8 Purpose of payment (See instructions regarding type of information required.) Donation Rotary Foundation <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of 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**

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 30/31 Report: 44/57		
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 11/05/2007	5 Payee name Sugar Land Rotary 6 Payee address; City; State; Zip Code 4400 Palm Royale Drive Sugar Land, TX 77479	7 Amount (\$) \$500.00			
8 Purpose of payment (See instructions regarding type of information required.) Donation Rotary Foundation <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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 07/21/2007	5 Payee name Todd Fontenot Campaign 6 Payee address; City; State; Zip Code 1923 Sam Houston Liberty, TX 77575	7 Amount (\$) \$150.00			
8 Purpose of payment (See instructions regarding type of information required.) Contribution <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 31/31 Report: 45/57		
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 10/26/2007	5 Payee name W. A. Meyers (Camapaign Consultant) 6 Payee address; City; State; Zip Code 423 Longivew Dr. Sugar Land, TX 77478	7 Amount (\$) \$500.00			
8 Purpose of payment (See instructions regarding type of information required.) Reimburse C/OH persoanl expenditures for campaign/office exp. reported on current/prior Sch. G's <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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 09/18/2007	5 Payee name W. A. Meyers (Campaign Consultant) 6 Payee address; City; State; Zip Code 423 Longview Dr. Sugar Land, TX 77478	7 Amount (\$) \$1,000.00			
8 Purpose of payment (See instructions regarding type of information required.) Reimburse C/OH personal expenditures for campaign/office exp. reported on current/prior Sch G's <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			
10 Name of 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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 1/11 Report: 46/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 10/02/2007	5 Payee name Bronsell, Mandi (Mrs.) 6 Payee address; City; State; Zip Code 2402 Standing Oak Ln. Richmond, TX 77469	7 Amount (\$) \$26.00	<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement of Auction Item for Charity Event <input type="checkbox"/> 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 08/11/2007	5 Payee name Cantrell, Commissioner Mike 6 Payee address; City; State; Zip Code 411 Elm Street Dallas, TX 75202	7 Amount (\$) \$100.00	<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Contribution to CUC Austin Event <input type="checkbox"/> 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		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 2/11 Report: 47/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 09/04/2007	5 Payee name Extended Stay 6 Payee address; City; State; Zip Code 5903 Woodway Dr. Waco, TX 76712	7 Amount (\$) \$146.88	<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Attend Texas Republican Party Straw Vote <input type="checkbox"/> 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 08/21/2007	5 Payee name Godaddy.com 6 Payee address; City; State; Zip Code 14455 N. Hayden Road # 219 Scottsdale, AZ 85260	7 Amount (\$) \$55.06	<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Register Web Site Domain Name <input type="checkbox"/> 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		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 3/11 Report: 48/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 07/16/2007	5 Payee name Harris County Toll Road Authority			7 Amount (\$) \$40.00	
6 Payee address; City; State; Zip Code 330 Meadowfern Houston, TX 77067			<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Toll Charges for Campaign/office purposes <input type="checkbox"/> 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 08/13/2007	5 Payee name Harris County Toll Road Authority			7 Amount (\$) \$40.00	
6 Payee address; City; State; Zip Code 330 Meadowfern Houston, TX 77067			<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Toll Charges for Campaign/office purposes <input type="checkbox"/> 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		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 4/11 Report: 49/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 08/28/2007	5 Payee name Harris County Toll Road Authority 6 Payee address; City; State; Zip Code 330 Meadowfern Houston, TX 77067	7 Amount (\$) \$40.00	<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Toll Charges for Campaign/office purposes <input type="checkbox"/> 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 09/19/2007	5 Payee name Harris County Toll Road Authority 6 Payee address; City; State; Zip Code 330 Meadowfern Houston, TX 77067	7 Amount (\$) \$40.00	<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Toll Charges for Campaign/office purposes <input type="checkbox"/> 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		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 5/11 Report: 50/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 10/02/2007	5 Payee name Harris County Toll Road Authority 6 Payee address; City; State; Zip Code 330 Meadowfern Houston, TX 77067	7 Amount (\$) \$40.00	<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Toll Charges for Campaign/office purposes <input type="checkbox"/> 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 11/17/2007	5 Payee name Harris County Toll Road Authority 6 Payee address; City; State; Zip Code 330 Meadowfern Houston, TX 77067	7 Amount (\$) \$40.00	<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Toll Charges for Campaign/office purposes <input type="checkbox"/> 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		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 6/11 Report: 51/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 12/03/2007	5 Payee name Harris County Toll Road Authority 6 Payee address; City; State; Zip Code 330 Meadowfern Houston, TX 77067	7 Amount (\$) \$40.00	<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Toll Charges for Campaign/office purposes <input type="checkbox"/> 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 12/30/2007	5 Payee name Harris County Toll Road Authority 6 Payee address; City; State; Zip Code 330 Meadowfern Houston, TX 77067	7 Amount (\$) \$40.00	<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Toll Charges for Campaign/office purposes <input type="checkbox"/> 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		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 7/11 Report: 52/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 10/07/2007	5 Payee name Katy ISD FFA 6 Payee address; City; State; Zip Code 6301 South Stadium Lane Katy, TX 77494	7 Amount (\$) \$75.00	<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Donation <input type="checkbox"/> 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 09/05/2007	5 Payee name Kettle Country Cafe 6 Payee address; City; State; Zip Code 5800 Woodway Dr. Waco, TX 76712	7 Amount (\$) \$84.40	<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Attend Texas Republican Party Straw Vote <input type="checkbox"/> 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		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The **INSTRUCTION GUIDE** explains how to complete this form. **1** PAGE #
Schedule: 8/11 Report: 53/57

2 FILER NAME Meyers, W. A. (Mr.) **3** ACCOUNT # (Ethics Commission filers)
0000

4 Date 08/15/2007	5 Payee name Mountain Star Lodge 6 Payee address; City; State; Zip Code 3573 RR 620 Austin, TX 78738	7 Amount (\$) \$157.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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8 Purpose of expenditure (See instructions regarding type of information required.)
Austin Trip for CUC Event

 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
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14 Means of transportation	15 Purpose of travel
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4 Date 09/04/2007	5 Payee name Renaissance Hotel Fort Worth 6 Payee address; City; State; Zip Code 200 Main Street Fort Worth, TX 76102	7 Amount (\$) \$156.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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8 Purpose of expenditure (See instructions regarding type of information required.)
Attend Texas Republican Party Straw Vote

 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
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14 Means of transportation	15 Purpose of travel
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 9/11 Report: 54/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 08/13/2007	5 Payee name Republican Party of Texas 6 Payee address; City; State; Zip Code 900 Congress Avenue # 300 Austin, TX	7 Amount (\$) \$250.00	<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Registration for Texas Republican Party Straw Vote <input type="checkbox"/> 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 07/24/2007	5 Payee name Sprint PCS 6 Payee address; City; State; Zip Code P.O. Box 660750 Dallas, TX 75266	7 Amount (\$) \$46.29	<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Campaign Manager Cell Phone by agreement & Campaign Cell phone <input type="checkbox"/> 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		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 10/11 Report: 55/57	
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 10/31/2007	5 Payee name Sugar Land Rotary 6 Payee address; City; State; Zip Code 4400 Palm Royale Drive Sugar Land, TX 77479	7 Amount (\$) \$15.00	<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Rotary Meeting <input type="checkbox"/> 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 07/27/2007	5 Payee name Windstream Telephone 6 Payee address; City; State; Zip Code 8306 Hwy 90A Sugar Land, TX 77478	7 Amount (\$) \$72.37	<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Campaign phone <input type="checkbox"/> 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		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 11/11 Report: 56/57		
2 FILER NAME Meyers, W. A. (Mr.)			3 ACCOUNT # (Ethics Commission filers) 0000		
4 Date 10/23/2007	5 Payee name Windstream Telephone 6 Payee address; City; State; Zip Code 8306 Hwy 90A Sugar Land, TX 77478	7 Amount (\$) \$40.99	<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Campaign phone <input type="checkbox"/> 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 11/20/2007	5 Payee name Windstream Telephone 6 Payee address; City; State; Zip Code 8306 Hwy 90A Sugar Land, TX 77478	7 Amount (\$) \$45.79	<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 Purpose of expenditure (See instructions regarding type of information required.) Campaign phone <input type="checkbox"/> 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		

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 57/57

2 FILER NAME Meyers, W. A. (Mr.)

3 ACCOUNT # (Ethics Commission filers)
0000

4 Date	5 Payor name	8 Amount (\$)
12/17/2007	Campaign Solutions LLC 6 Payor address; City; State; Zip Code 7222 Bellerive # 2505 Houston, TX 77036 7 Reason for credit Refund Campaign Manager, Cell Phone, Vehcile Expenses, & Miscel Campaign/Political expenses.	\$1,940.67
11/19/2007	Republican Party of Fort Bend County Payor address; City; State; Zip Code P.O. Box 17973 Sugar Land, TX 77496 Reason for credit Refund Political Ad Expenditure	\$800.00