

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00051715	2 PAGE # 1 of 45
3 COMMITTEE NAME Texans for Tommy Williams		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 8069 The Woodlands, TX 77387		Date Received
			Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Norman	Receipt # Amount	Date Processed
	NICKNAME LAST SUFFIX Parrish	Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE 26 Brokenfern Drive The Woodlands, TX 77380		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 8069 The Woodlands, TX 77387		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 296-0023		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year Month Day Year 10/26/2008 THROUGH 12/31/2008		
11 ELECTION	ELECTION DATE Month Day Year 11/04/2008	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Texans for Tommy Williams	ACCOUNT # (Ethics Commission filers) 00051715
--	---

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder only)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME Senator Tommy Williams
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Senator Tommy Williams
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____ ELECTION DATE _____ Month Day Year
		DESCRIPTION

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 120,850.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 41,787.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 486,749.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

15 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 Campaign Treasurer

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: 1/18 Report: 3/45

2 FILER NAME Texans for Tommy Williams

3 ACCOUNT # (Ethics Commission filers)
00051715

4 Date
11/15/2008

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

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
Nederland, TX 77627

\$500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/31/2008

Full name of contributor out-of-state PAC (ID# C00181826)
Aetna PAC

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
Hartford, CT 06156

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/13/2008

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

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
Giddings, TX 78942

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/13/2008

Full name of contributor out-of-state PAC (ID# C00040253)
Allstate Insurance PAC

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
Northbrook, IL 60062

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/12/2008

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

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
Houston, TX 77002

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/18 Report: 4/45	
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715	
4 Date 12/02/2008	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>00016021</u>) APAC TX PAC 6 Contributor address; City; State; Zip Code Washington, DC 20001	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Associated General Contractors of TX PAC Contributor address; City; State; Zip Code Austin, TX 78768	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/31/2008	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00043489</u>) Bank Of America PAC Contributor address; City; State; Zip Code Wilmington, DE 19884	Amount of contribution (\$) \$4,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Becker, William Contributor address; City; State; Zip Code Giddings, TX 78942	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beene, Darrell Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/18 Report: 5/45	
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715	
4 Date 12/13/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BG Distribution Partners PAC 6 Contributor address; City; State; Zip Code Houston, TX 77040	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Career Colleges & School of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78711	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/02/2008	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>20050902</u>) Caremark RX Inc. PAC Contributor address; City; State; Zip Code Northbrook, IL 60062	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cash America International PAC Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/31/2008	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>00397851</u>) Centene Corporation PAC Contributor address; City; State; Zip Code Saint Louis, MO 63105	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/18 Report: 6/45	
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715	
4 Date 11/04/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chesapeake Energy for Texans PAC 6 Contributor address; City; State; Zip Code Fort Worth, TX 76101	7 Amount of contribution (\$) \$1,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Choctaw Nation of Oklahoma Contributor address; City; State; Zip Code Durant, OK 74702	Amount of contribution (\$) \$5,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2008	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00085316</u>) CIGNA Corporation PAC Contributor address; City; State; Zip Code Philadelphia, PA 19192	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Committee for Responsible Government of Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/09/2008	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>00060192</u>) Convergys Corp. PAC Contributor address; City; State; Zip Code Cincinnati, OH 45202	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/18 Report: 7/45	
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715	
4 Date 12/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cook, John 6 Contributor address; City; State; Zip Code Spring, TX 77382	7 Amount of contribution (\$) \$5,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Executive		10 Employer (See Instructions) Petroleum Wholesale LP	
Date 12/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deloitte& Touche Texas PAC Contributor address; City; State; Zip Code Austin, TX 78711	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Denbury Resources Inc. PAC Contributor address; City; State; Zip Code Plano, TX 75024	Amount of contribution (\$) \$750.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Electric Delivery PAC Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2008	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# 00082792) Eli Lilly & Company PAC Contributor address; City; State; Zip Code Indianapolis, IN 46285	Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/18 Report: 8/45	
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715	
4 Date 12/13/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Emergency Medicine PAC of Texas 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Entergy Employees PAC - Texas Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Everts, Steve Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farmers Employee & Agent PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fisher, Nancy Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Self Employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 7/18 Report: 9/45

2 FILER NAME Texans for Tommy Williams

3 ACCOUNT # (Ethics Commission filers)
00051715

4 Date
12/09/2008

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

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
Houston, TX 77010

\$2,000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
12/12/2008

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

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
Austin, TX 78727

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/12/2008

Full name of contributor out-of-state PAC (ID# _____)
Friends of The Univ. of Houston

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
Houston, TX 77098

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/20/2008

Full name of contributor out-of-state PAC (ID# C00024869)
GE PAC

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
Washington, DC 20004

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/05/2008

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

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
Tulsa, OK 74114

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
General Manager

Employer (See Instructions)
Value Fund Advisors

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/18 Report: 10/45	
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715	
4 Date 12/09/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HCA Texas Good Government Fund 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hicks, Stephen Contributor address; City; State; Zip Code Lufkin, TX 75915	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HomePAC of Texas Inc. Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$1,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Houston Cont. Assoc. PAC Contributor address; City; State; Zip Code Houston, TX 77292	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hutchings, Charles Contributor address; City; State; Zip Code Ferris, TX 75125	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self Employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/18 Report: 11/45	
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715	
4 Date 12/09/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Independent Insurance Agents of Texas 6 Contributor address; City; State; Zip Code Austin, TX 78768	7 Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Charles Contributor address; City; State; Zip Code Boca Raton, FL 33431	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Community Loans of America	
Date 12/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Junior College PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KBR PAC Contributor address; City; State; Zip Code Houston, TX 77020	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Landrys Restaurant PAC Contributor address; City; State; Zip Code Houston, TX 77027	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/18 Report: 12/45	
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715	
4 Date 12/13/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Life Insurance PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/02/2008	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00306175</u>) Lyondell Chemical Company PAC Contributor address; City; State; Zip Code Washington, DC 20004	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morris, Wayne Contributor address; City; State; Zip Code Beaumont, TX 77701	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2008	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>00366559</u>) NRG Energy PAC Contributor address; City; State; Zip Code Princeton, NJ 08540	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/2008	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00215384</u>) Oneok Employees PAC Contributor address; City; State; Zip Code Tulsa, OK 74102	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/18 Report: 13/45	
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715	
4 Date 11/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pickens, Boone 6 Contributor address; City; State; Zip Code Dallas, TX 75225	7 Amount of contribution (\$) \$3,000.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Executive		10 Employer (See Instructions) Mesa Water	
Date 12/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pinnacle Anesthesia Consultants Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Plaia, Jake Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Plambeck, Michael Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Trustee		Employer (See Instructions) Jordan Plambeck	
Date 12/12/2008	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00025395</u>) PNM Responsible Citizens Group Contributor address; City; State; Zip Code Albuquerque, NM 87158	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 12/18 Report: 14/45

2 FILER NAME Texans for Tommy Williams

3 ACCOUNT # (Ethics Commission filers)
00051715

4 Date
10/31/2008

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

6 Contributor address; City; State; Zip Code
Dallas, TX 75201

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

\$1,000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
12/13/2008

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

Contributor address; City; State; Zip Code
Houston, TX 77061

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/12/2008

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

Contributor address; City; State; Zip Code
San Antonio, TX 78229

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$2,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/05/2008

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

Contributor address; City; State; Zip Code
Austin, TX 78724

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$2,500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Reagan National Advertising

Date
12/13/2008

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

Contributor address; City; State; Zip Code
Houston, TX 77001

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/18 Report: 15/45	
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715	
4 Date 11/03/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schoellhorn, R.A. 6 Contributor address; City; State; Zip Code Eugene, OR 97408	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 12/05/2008	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>CO0002534</u>) Sun PAC Contributor address; City; State; Zip Code Philadelphia, PA 19103	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taraborelli, Jennie Contributor address; City; State; Zip Code Spring, TX 77382	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Pate Engineering	
Date 12/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Ambulatory Surgery Ctr. PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Assn. of Property Tax Contributor address; City; State; Zip Code Dallas, TX 75376	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/18 Report: 16/45	
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715	
4 Date 11/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Assoc Of Staffing PAC 6 Contributor address; City; State; Zip Code Dallas, TX 75243	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Assoc. of Defense Counsel PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Automotive Recycling PAC Contributor address; City; State; Zip Code Houston, TX 77080	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas BOMA PAC Contributor address; City; State; Zip Code Austin, TX 78759	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Cancer PAC Contributor address; City; State; Zip Code Houston, TX 77008	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/18 Report: 17/45	
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715	
4 Date 12/12/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Consumers Lenders PAC 6 Contributor address; City; State; Zip Code Arlington, TX 76013	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Deer Assoc. PAC Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Library PAC Contributor address; City; State; Zip Code Edna, TX 77957	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Medical Association PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Merchandise Vending Assoc. Contributor address; City; State; Zip Code Mesquite, TX 75150	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/18 Report: 18/45	
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715	
4 Date 12/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Optometric PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$4,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Petroleum Mktrs. & Conv. Store PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Radiological PAC Contributor address; City; State; Zip Code Austin, TX 78735	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Society of Anesthesiologists PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$1,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Tech Alum & Friends PAC Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/18 Report: 19/45	
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715	
4 Date 12/05/2008	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# 00059386) The American Electric Power PAC 6 Contributor address; City; State; Zip Code Columbus, OH 43215	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Toland, Robby Contributor address; City; State; Zip Code Lexington, TX 78947	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Turner, Raymond Contributor address; City; State; Zip Code Houston, TX 77009	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Greater Houston Transport Comp	
Date 12/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Veterans & Civilians Brain Injury PAC Contributor address; City; State; Zip Code Austin, TX 78746	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Volanski, Joe Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 18/18 Report: 20/45

2 FILER NAME Texans for Tommy Williams

3 ACCOUNT # (Ethics Commission filers)
00051715

4 Date
10/31/2008

5 Full name of contributor out-of-state PAC (ID# C00119008)
Waste Mgmt PAC

6 Contributor address; City; State; Zip Code
Washington, DC 20004

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)
\$2,000.00 |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
11/15/2008

Full name of contributor out-of-state PAC (ID# C00197228)
WellPoint Inc. WELLPAC

Contributor address; City; State; Zip Code
Springfield, IL 62701

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$1,000.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/04/2008

Full name of contributor out-of-state PAC (ID# 00034595)
Wells Fargo Employee PAC

Contributor address; City; State; Zip Code
Minneapolis, MN 55479

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$1,000.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/25 Report: 21/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 12/15/2008	5 Payee name Archer, Andrew 6 Payee address; City; State; Zip Code 13414 Taylorcrest Houston, TX 77079	7 Amount (\$) \$250.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:Artwork (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/10/2008	Payee name Archer, Kathy Payee address; City; State; Zip Code 13414 Taylorcrest Houston, TX 77079	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Desc:Artwork (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/09/2008	Payee name Aristotle Publishing Payee address; City; State; Zip Code 205 Pennsylvania Avenue - SE Washington, DC 20003	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Desc:data server (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/30/2008	Payee name AT & T Payee address; City; State; Zip Code P. O. Box 1550 Houston, TX 77097	Amount (\$) \$199.36
Purpose of payment (See instructions regarding type of information required.) Desc:Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/25 Report: 22/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 10/30/2008	5 Payee name AT & T 6 Payee address; City; State; Zip Code P. O. Box 1550 Houston, TX 77097	7 Amount (\$) \$114.41
8 Purpose of payment (See instructions regarding type of information required.) Desc:Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/30/2008	Payee name AT & T Payee address; City; State; Zip Code P. O. Box 1550 Houston, TX 77097	Amount (\$) \$49.29
Purpose of payment (See instructions regarding type of information required.) Desc:Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/25/2008	Payee name AT & T Payee address; City; State; Zip Code P. O. Box 1550 Houston, TX 77097	Amount (\$) \$76.77
Purpose of payment (See instructions regarding type of information required.) Desc:Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/09/2008	Payee name AT & T Payee address; City; State; Zip Code P. O. Box 1550 Houston, TX 77097	Amount (\$) \$199.36
Purpose of payment (See instructions regarding type of information required.) Desc:Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/25 Report: 23/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 12/09/2008	5 Payee name AT & T 6 Payee address; City; State; Zip Code P. O. Box 1550 Houston, TX 77097	7 Amount (\$) \$108.42
8 Purpose of payment (See instructions regarding type of information required.) Desc:Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/09/2008	Payee name AT & T Payee address; City; State; Zip Code P. O. Box 1550 Houston, TX 77097	Amount (\$) \$43.26
Purpose of payment (See instructions regarding type of information required.) Desc:Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/30/2008	Payee name AT & T Payee address; City; State; Zip Code P. O. Box 1550 Houston, TX 77097	Amount (\$) \$197.97
Purpose of payment (See instructions regarding type of information required.) Desc:Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/17/2008	Payee name Austin Club Payee address; City; State; Zip Code 110 East Ninth Street Austin, TX 78701	Amount (\$) \$80.00
Purpose of payment (See instructions regarding type of information required.) Desc:Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/25 Report: 24/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 11/07/2008	5 Payee name Beaumont Chamber Of Commerce 6 Payee address; City; State; Zip Code 1110 Park St. Beaumont, TX 77701	7 Amount (\$) \$60.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:Event - Lunch (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/15/2008	Payee name Building Inc. Payee address; City; State; Zip Code 595 Orleans Ste. 1012 Beaumont, TX 77701	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Desc:Membership (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/06/2008	Payee name C & S Executive Transportation Payee address; City; State; Zip Code 26418 Oak Ridge Dr. Spring, TX 77381	Amount (\$) \$400.00
Purpose of payment (See instructions regarding type of information required.) Desc:Event - Transportation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/13/2008	Payee name C & S Executive Transportation Payee address; City; State; Zip Code 26418 Oak Ridge Dr. Spring, TX 77381	Amount (\$) \$80.00
Purpose of payment (See instructions regarding type of information required.) Desc:Event - Transportation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/25 Report: 25/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 11/13/2008	5 Payee name C & S Executive Transportation 6 Payee address; City; State; Zip Code 26418 Oak Ridge Dr. Spring, TX 77381	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:Event - Transportation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/24/2008	Payee name Capital Complex Visitors Center Payee address; City; State; Zip Code State Capitol Austin, TX 78701	Amount (\$) \$770.20
Purpose of payment (See instructions regarding type of information required.) Desc:Gifts - Ornaments (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/05/2008	Payee name Capital Complex Visitors Center Payee address; City; State; Zip Code State Capitol Austin, TX 78701	Amount (\$) \$318.26
Purpose of payment (See instructions regarding type of information required.) Desc:Gifts - Ornaments (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/09/2008	Payee name Cleveland Chamber Of Comm Payee address; City; State; Zip Code P.O. Box 1733 Cleveland, TX 77328	Amount (\$) \$75.00
Purpose of payment (See instructions regarding type of information required.) Desc:Dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/25 Report: 26/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 11/01/2008	5 Payee name Coastal Conservation Association Texas 6 Payee address; City; State; Zip Code 6919 Portwest Suite 100 Houston, TX 77024	7 Amount (\$) \$25.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:Events - Dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/07/2008	Payee name Comcast Cable Payee address; City; State; Zip Code 8400 W Tidwell Rd Houston, TX 77040	Amount (\$) \$87.15
Purpose of payment (See instructions regarding type of information required.) Desc:Cable (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/09/2008	Payee name Comcast Cable Payee address; City; State; Zip Code 8400 W Tidwell Rd Houston, TX 77040	Amount (\$) \$94.50
Purpose of payment (See instructions regarding type of information required.) Desc:Cable (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/03/2008	Payee name e-Processing Network - LLC Payee address; City; State; Zip Code 1415 North Loop W - #905 Houston, TX 77008	Amount (\$) \$12.00
Purpose of payment (See instructions regarding type of information required.) Desc:Processing Fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/25 Report: 27/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 12/01/2008	5 Payee name e-Processing Network - LLC 6 Payee address; City; State; Zip Code 1415 North Loop W - #905 Houston, TX 77008	7 Amount (\$) \$12.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:Processing Fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/30/2008	Payee name El Taco Rico Payee address; City; State; Zip Code 23517 Fm 1314 Rd Porter, TX 77365	Amount (\$) \$17.05
Purpose of payment (See instructions regarding type of information required.) Desc:Meal (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/18/2008	Payee name Extra Space Storage Payee address; City; State; Zip Code 25690 I - 45 North Spring, TX 77386	Amount (\$) \$84.00
Purpose of payment (See instructions regarding type of information required.) Desc:Storage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/18/2008	Payee name Extra Space Storage Payee address; City; State; Zip Code 25690 I - 45 North Spring, TX 77386	Amount (\$) \$84.00
Purpose of payment (See instructions regarding type of information required.) Desc:Storage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/25 Report: 28/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 12/02/2008	5 Payee name Flemings 6 Payee address; City; State; Zip Code 1201 Lake Woodlands Dr # 305 The Woodlands, TX 77380	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:Event - Meal (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/14/2008	Payee name Flowers by Nancy Payee address; City; State; Zip Code 1208 Ranch Road 620 S Austin, TX 78734	Amount (\$) \$49.57
Purpose of payment (See instructions regarding type of information required.) Desc:Flowers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/19/2008	Payee name Gaido's Seafood Restaurant Payee address; City; State; Zip Code 3802 Seawall Boulevard Galveston, TX 77550	Amount (\$) \$125.09
Purpose of payment (See instructions regarding type of information required.) Desc:Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/12/2008	Payee name George Bush Intercontinental Airport Payee address; City; State; Zip Code 2800 North Terminal Road Houston, TX 77032	Amount (\$) \$30.00
Purpose of payment (See instructions regarding type of information required.) Desc:Parking (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/25 Report: 29/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date	5 Payee name Greater Texas Internet	7 Amount (\$)
11/07/2008	6 Payee address; City; State; Zip Code 10200 Grogans Mill Road Suite 400 Spring, TX 77380	\$81.19
8 Purpose of payment (See instructions regarding type of information required.) Desc:Computer Service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name HEB	Amount (\$)
11/04/2008	Payee address; City; State; Zip Code 9595 Six Pines Road Suite 1570 The Woodlands, TX 77380	\$17.04
Purpose of payment (See instructions regarding type of information required.) Desc:Office Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name Jasper's	Amount (\$)
11/06/2008	Payee address; City; State; Zip Code 9595 Six Pines - #900 The Woodlands, TX 77380	\$2,433.92
Purpose of payment (See instructions regarding type of information required.) Desc:Event - Staff Christmas Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name Joan Huffman Campaign	Amount (\$)
11/14/2008	Payee address; City; State; Zip Code 3375 Westpark Dr. # 135 Houston, TX 77005	\$10,000.00
Purpose of payment (See instructions regarding type of information required.) Desc:Contribution (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/25 Report: 30/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 11/01/2008	5 Payee name Kendall, Cynthia 6 Payee address; City; State; Zip Code 40 Indian Clover Dr. The Woodlands, TX 77381	7 Amount (\$) \$500.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:Salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/09/2008	Payee name Kendall, Cynthia Payee address; City; State; Zip Code 40 Indian Clover Dr. The Woodlands, TX 77381	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Desc:Salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/14/2008	Payee name King Photography, Roger Payee address; City; State; Zip Code 3226 Rustling Pines St The Woodlands, TX 77380	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Desc:Photography (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/30/2008	Payee name Kingwood Executive Group Payee address; City; State; Zip Code 2612 Chestnut Ridge Dr Kingwood, TX 77339	Amount (\$) \$125.00
Purpose of payment (See instructions regarding type of information required.) Desc:Membership Dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/25 Report: 31/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 11/13/2008	5 Payee name LaRue, Ryan 6 Payee address; City; State; Zip Code 2210 W. Alabama #413 Houston, TX 77019	7 Amount (\$) \$96.05
8 Purpose of payment (See instructions regarding type of information required.) Desc:Reimbursed Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/15/2008	Payee name LaRue, Ryan Payee address; City; State; Zip Code 2210 W. Alabama #413 Houston, TX 77019	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Desc:Reimbursed Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/30/2008	Payee name LaRue, Ryan Payee address; City; State; Zip Code 2210 W. Alabama #413 Houston, TX 77019	Amount (\$) \$2,212.75
Purpose of payment (See instructions regarding type of information required.) Desc:Consultant Fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/11/2008	Payee name Maudie's Cafe Payee address; City; State; Zip Code 1212 South Lamar Austin, TX 78704	Amount (\$) \$28.30
Purpose of payment (See instructions regarding type of information required.) Desc:Meal (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/25 Report: 32/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 11/03/2008	5 Payee name MCCS Delta Card 6 Payee address; City; State; Zip Code PO Box 8339 The Woodlands, TX 77387	7 Amount (\$) \$9.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:Processing Fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/01/2008	Payee name MCCS Delta Card Payee address; City; State; Zip Code PO Box 8339 The Woodlands, TX 77387	Amount (\$) \$9.00
Purpose of payment (See instructions regarding type of information required.) Desc:Processing Fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/25/2008	Payee name MD Anderson Cancer Foundation Payee address; City; State; Zip Code 1515 Holcombe Blvd. Houston, TX 77030	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) Desc:Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/10/2008	Payee name MD Anderson Cancer Foundation Payee address; City; State; Zip Code 1515 Holcombe Blvd. Houston, TX 77030	Amount (\$) \$97.43
Purpose of payment (See instructions regarding type of information required.) Desc:Gifts (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/25 Report: 33/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 12/09/2008	5 Payee name Michael's 6 Payee address; City; State; Zip Code 19075 I-45 S. Conroe, TX 77385	7 Amount (\$) \$15.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:Office Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/30/2008	Payee name Montgomery County Fair Association Payee address; City; State; Zip Code P. O. Box 869 Conroe, TX 77305	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) Desc:Advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/30/2008	Payee name Ozarka Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	Amount (\$) \$56.48
Purpose of payment (See instructions regarding type of information required.) Desc:Water (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/13/2008	Payee name Ozarka Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	Amount (\$) \$125.88
Purpose of payment (See instructions regarding type of information required.) Desc:Water (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/25 Report: 34/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 11/25/2008	5 Payee name Ozarka 6 Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	7 Amount (\$) \$40.33
8 Purpose of payment (See instructions regarding type of information required.) Desc:Water (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/30/2008	Payee name Ozarka Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	Amount (\$) \$64.41
Purpose of payment (See instructions regarding type of information required.) Desc:Water (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/30/2008	Payee name Ozarka Payee address; City; State; Zip Code PO Box 52214 Phoenix, AZ 85072	Amount (\$) \$69.84
Purpose of payment (See instructions regarding type of information required.) Desc:Water (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/07/2008	Payee name Panera Bread Payee address; City; State; Zip Code 1201 Lake Woodlands Drive The Woodlands, TX 77380	Amount (\$) \$145.88
Purpose of payment (See instructions regarding type of information required.) Desc:Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/25 Report: 35/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 11/07/2008	5 Payee name Panera Bread 6 Payee address; City; State; Zip Code 1201 Lake Woodlands Drive The Woodlands, TX 77380	7 Amount (\$) \$63.28
8 Purpose of payment (See instructions regarding type of information required.) Desc:Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/07/2008	Payee name Pate, Jennifer Payee address; City; State; Zip Code 595 Orleans Ste 707 Beaumont, TX 77701	Amount (\$) \$82.38
Purpose of payment (See instructions regarding type of information required.) Desc:Reimbursed Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/30/2008	Payee name Patricia Ann Florist Payee address; City; State; Zip Code 2120 W Western Ave South Bend, IN 46619	Amount (\$) \$69.55
Purpose of payment (See instructions regarding type of information required.) Desc:Flowers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/07/2008	Payee name Postmaster Payee address; City; State; Zip Code 9450 Pinecroft Spring, TX 77387	Amount (\$) \$180.00
Purpose of payment (See instructions regarding type of information required.) Desc:Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/25 Report: 36/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 12/15/2008	5 Payee name Postmaster 6 Payee address; City; State; Zip Code 9450 Pinecroft Spring, TX 77387	7 Amount (\$) \$4.80
8 Purpose of payment (See instructions regarding type of information required.) Desc:Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/15/2008	Payee name Postmaster Payee address; City; State; Zip Code 9450 Pinecroft Spring, TX 77387	Amount (\$) \$98.00
Purpose of payment (See instructions regarding type of information required.) Desc:Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/17/2008	Payee name Postmaster Payee address; City; State; Zip Code 9450 Pinecroft Spring, TX 77387	Amount (\$) \$4.80
Purpose of payment (See instructions regarding type of information required.) Desc:Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/19/2008	Payee name Postmaster Payee address; City; State; Zip Code 9450 Pinecroft Spring, TX 77387	Amount (\$) \$16.80
Purpose of payment (See instructions regarding type of information required.) Desc:Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/25 Report: 37/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 11/07/2008	5 Payee name Quorum Report 6 Payee address; City; State; Zip Code P. O. Box 8 Austin, TX 78767	7 Amount (\$) \$297.69
8 Purpose of payment (See instructions regarding type of information required.) Desc:Subscription (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/30/2008	Payee name Radio Music Theater Payee address; City; State; Zip Code 2623 Colquitt Houston, TX 77098	Amount (\$) \$330.00
Purpose of payment (See instructions regarding type of information required.) Desc:Event - Staff Christmas Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/04/2008	Payee name Radio Music Theater Payee address; City; State; Zip Code 2623 Colquitt Houston, TX 77098	Amount (\$) \$154.00
Purpose of payment (See instructions regarding type of information required.) Desc:Event - Staff Christmas Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/05/2008	Payee name Radio Music Theater Payee address; City; State; Zip Code 2623 Colquitt Houston, TX 77098	Amount (\$) \$44.00
Purpose of payment (See instructions regarding type of information required.) Desc:Event - Staff Christmas Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/25 Report: 38/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 11/06/2008	5 Payee name Radio Music Theater 6 Payee address; City; State; Zip Code 2623 Colquitt Houston, TX 77098	7 Amount (\$) \$290.50
8 Purpose of payment (See instructions regarding type of information required.) Desc:Event - Staff Christmas Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/15/2008	Payee name Roe, Rosemary Payee address; City; State; Zip Code P.O. Box 131052 Spring, TX 77393	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Desc:Consulting Fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/28/2008	Payee name Sam and Lois Lewis Living Trust Payee address; City; State; Zip Code c/o Myra Lawson - Trustee 1404 Strawberry Ln. Bandon, OR 97411	Amount (\$) \$1,250.00
Purpose of payment (See instructions regarding type of information required.) Desc:Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/01/2008	Payee name Sam and Lois Lewis Living Trust Payee address; City; State; Zip Code c/o Myra Lawson - Trustee 1404 Strawberry Ln. Bandon, OR 97411	Amount (\$) \$1,250.00
Purpose of payment (See instructions regarding type of information required.) Desc:Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/25 Report: 39/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 12/24/2008	5 Payee name Sam and Lois Lewis Living Trust 6 Payee address; City; State; Zip Code c/o Myra Lawson - Trustee 1404 Strawberry Ln. Bandon, OR 97411	7 Amount (\$) \$1,250.00
8 Purpose of payment (See instructions regarding type of information required.) Desc:Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/14/2008	Payee name Senate Ladies Club Payee address; City; State; Zip Code POB 112068 Austin, TX 78711	Amount (\$) \$600.00
Purpose of payment (See instructions regarding type of information required.) Desc:Event-quests (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/09/2008	Payee name Smith, Jason Payee address; City; State; Zip Code 6805 Wood Hollow Dr Apt 161 Apt. 161 Austin, TX 78731	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Desc:Consultant Fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/24/2008	Payee name Spaw/Senate Account Payee address; City; State; Zip Code Attn Connie Swearingen PoB 12068 Austin, TX 78711	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Desc:Event Sponsor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/25 Report: 40/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 12/08/2008	5 Payee name Spec's - Austin 6 Payee address; City; State; Zip Code 5775 Airport Blvd Austin, TX 78752	7 Amount (\$) \$117.56
8 Purpose of payment (See instructions regarding type of information required.) Desc:Gift (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/24/2008	Payee name Stieben, Janet Payee address; City; State; Zip Code 7 S Highland Ct The Woodlands, TX 77381	Amount (\$) \$283.90
Purpose of payment (See instructions regarding type of information required.) Desc:Reimbursed Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/24/2008	Payee name Stieben, Janet Payee address; City; State; Zip Code 7 S Highland Ct The Woodlands, TX 77381	Amount (\$) \$108.23
Purpose of payment (See instructions regarding type of information required.) Desc:Reimbursed Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/15/2008	Payee name Stieben, Janet Payee address; City; State; Zip Code 7 S Highland Ct The Woodlands, TX 77381	Amount (\$) \$58.29
Purpose of payment (See instructions regarding type of information required.) Desc:Reimbursed Expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/25 Report: 41/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 12/30/2008	5 Payee name Stieben, Janet 6 Payee address; City; State; Zip Code 7 S Highland Ct The Woodlands, TX 77381	7 Amount (\$) \$4,492.50
8 Purpose of payment (See instructions regarding type of information required.) Desc:Consultant Fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/07/2008	Payee name Texas A&M Foundation Payee address; City; State; Zip Code 401 George Bush Dr College Station, TX 77840	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Desc:Event - Contribution (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/01/2008	Payee name Texas Senate Payee address; City; State; Zip Code P.O. Box 12068 Austin, TX 78711	Amount (\$) \$19.75
Purpose of payment (See instructions regarding type of information required.) Desc:Flags (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/30/2008	Payee name Texas Workforce Commission Payee address; City; State; Zip Code 101 East 15th Street Austin, TX 78778	Amount (\$) \$1.50
Purpose of payment (See instructions regarding type of information required.) Desc:Payroll Taxes (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/25 Report: 42/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 12/30/2008	5 Payee name The Eppstein Group 6 Payee address; City; State; Zip Code 6709 Glen Meadow Drive Fort Worth, TX 76132	7 Amount (\$) \$800.63
8 Purpose of payment (See instructions regarding type of information required.) Desc:Website Maintenance (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/20/2008	Payee name The Flower Bucket Payee address; City; State; Zip Code 3100 North Lamar Austin, TX 78705	Amount (\$) \$73.61
Purpose of payment (See instructions regarding type of information required.) Desc:Flowers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/15/2008	Payee name The Salvation Army Payee address; City; State; Zip Code P.O. Box 897 Conroe, TX 77305	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Desc:Contribution (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/28/2008	Payee name Time Warner Cable Payee address; City; State; Zip Code 8400 W. Tidwell Houston, TX 77040	Amount (\$) \$80.25
Purpose of payment (See instructions regarding type of information required.) Desc:Cable - Office (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/25 Report: 43/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 11/28/2008	5 Payee name Time Warner Cable 6 Payee address; City; State; Zip Code 8400 W. Tidwell Houston, TX 77040	7 Amount (\$) \$80.25
8 Purpose of payment (See instructions regarding type of information required.) Desc:Cable - Office (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/17/2008	Payee name Top Florist Payee address; City; State; Zip Code 25119 Grogan's Mill Rd. The Woodlands, TX 77380	Amount (\$) \$61.62
Purpose of payment (See instructions regarding type of information required.) Desc:Flowers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/28/2008	Payee name United Parcel Service Payee address; City; State; Zip Code 55 Glenlake Pkwy NE Atlanta, GA 30328	Amount (\$) \$6.70
Purpose of payment (See instructions regarding type of information required.) Desc:Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/13/2008	Payee name United Parcel Service Payee address; City; State; Zip Code 55 Glenlake Pkwy NE Atlanta, GA 30328	Amount (\$) \$51.23
Purpose of payment (See instructions regarding type of information required.) Desc:Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/25 Report: 44/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 10/27/2008	5 Payee name Verizon Wireless 6 Payee address; City; State; Zip Code 100 Glenborough - Suite 800 Houston, TX 77067	7 Amount (\$) \$193.42
8 Purpose of payment (See instructions regarding type of information required.) Desc:Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/28/2008	Payee name Verizon Wireless Payee address; City; State; Zip Code 100 Glenborough - Suite 800 Houston, TX 77067	Amount (\$) \$166.50
Purpose of payment (See instructions regarding type of information required.) Desc:Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/09/2008	Payee name Walmart - Austin Payee address; City; State; Zip Code 710 E Ben White Blvd Austin, TX 78704	Amount (\$) \$393.65
Purpose of payment (See instructions regarding type of information required.) Desc:Office Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/25/2008	Payee name Williams, Thomas D. Payee address; City; State; Zip Code 8 Hornsilver Place The Woodlands, TX 77381	Amount (\$) \$163.82
Purpose of payment (See instructions regarding type of information required.) Desc:Expense Report 10/09/08 - 11/4/08 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/25 Report: 45/45
2 FILER NAME Texans for Tommy Williams		3 ACCOUNT # (Ethics Commission filers) 00051715
4 Date 12/31/2008	5 Payee name Williams, Thomas D. 6 Payee address; City; State; Zip Code 8 Hornsilver Place The Woodlands, TX 77381	7 Amount (\$) \$326.79
8 Purpose of payment (See instructions regarding type of information required.) Desc:Expense Report 11/12/08 - 12/31/08 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/10/2008	Payee name Woodforest National Bank Payee address; City; State; Zip Code 1330 Lake Robbins Drive The Woodlands, TX 77380	Amount (\$) \$16.80
Purpose of payment (See instructions regarding type of information required.) Desc:Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/30/2008	Payee name Woodforest National Bank Payee address; City; State; Zip Code 1330 Lake Robbins Drive The Woodlands, TX 77380	Amount (\$) \$16.00
Purpose of payment (See instructions regarding type of information required.) Desc:Payroll Taxes (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/30/2008	Payee name Woodforest National Bank Payee address; City; State; Zip Code 1330 Lake Robbins Drive The Woodlands, TX 77380	Amount (\$) \$1,368.50
Purpose of payment (See instructions regarding type of information required.) Desc:Payroll Taxes (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: