

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Schieffer, John Thomas (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00065432

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME
Tom Schieffer for Governor, Inc.

GENERAL

COMMITTEE ADDRESS
P.O. Box 1837
Fort Worth, TX 76102

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME
Olson, Lyndon L. Jr. (Mr.)

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS
P.O. Box 1837
Fort Worth, TX 76710

17 CONTRIBUTION TOTALS

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

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	73,953.48
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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OUTSTANDING LOAN TOTALS

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

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/28 Report: 3/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date	5 Payee name 7-Eleven <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 14016 FM 620 N Austin, TX 78717 7 Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$35.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ADP <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 2735 Stemmons Freeway Dallas, TX 75207 Purpose of expenditure (See instructions regarding type of information required.) Payroll tax (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$455.42 <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ADP <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 2735 Stemmons Freeway Dallas, TX 75207 Purpose of expenditure (See instructions regarding type of information required.) Payroll tax (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$455.42 <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ADP <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 2735 Stemmons Freeway Dallas, TX 75207 Purpose of expenditure (See instructions regarding type of information required.) Payroll tax (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$455.42 <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name American Airlines <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code PO Box 619616 DFW Airport, TX 75261 Purpose of expenditure (See instructions regarding type of information required.) Airfare (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$139.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/28 Report: 4/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date	5 Payee name American Airlines	8 Amount (\$)
04/07/2009	6 Payee address; City; State; Zip Code PO Box 619616 DFW Airport, TX 75261	\$343.70
	7 Purpose of expenditure (See instructions regarding type of information required.) Airfare (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name American Airlines	Amount (\$)
04/14/2009	Payee address; City; State; Zip Code PO Box 619616 DFW Airport, TX 75261	\$69.60
	Purpose of expenditure (See instructions regarding type of information required.) Airfare (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name American Airlines	Amount (\$)
04/14/2009	Payee address; City; State; Zip Code PO Box 619616 DFW Airport, TX 75261	\$108.60
	Purpose of expenditure (See instructions regarding type of information required.) Airfare (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name American Airlines	Amount (\$)
04/17/2009	Payee address; City; State; Zip Code PO Box 619616 DFW Airport, TX 75261	\$187.60
	Purpose of expenditure (See instructions regarding type of information required.) Airfare (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name American Airlines	Amount (\$)
05/03/2009	Payee address; City; State; Zip Code PO Box 619616 Dallas, TX 75261	\$277.20
	Purpose of expenditure (See instructions regarding type of information required.) Airfare (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/28 Report: 5/30										
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432										
4 Date	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">5 Payee name American Airlines</td> <td style="width:15%; padding: 5px;">8 Amount (\$)</td> </tr> <tr> <td style="padding: 5px;">05/06/2009</td> <td style="padding: 5px;">\$356.20</td> </tr> <tr> <td colspan="2" style="padding: 5px;">6 Payee address; City; State; Zip Code PO Box 619616 Dallas, TX 75261</td> </tr> <tr> <td colspan="2" style="padding: 5px;">7 Purpose of expenditure (See instructions regarding type of information required.) Airfare</td> </tr> <tr> <td colspan="2" style="padding: 5px;">(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></td> </tr> </table>	5 Payee name American Airlines	8 Amount (\$)	05/06/2009	\$356.20	6 Payee address; City; State; Zip Code PO Box 619616 Dallas, TX 75261		7 Purpose of expenditure (See instructions regarding type of information required.) Airfare		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
5 Payee name American Airlines	8 Amount (\$)											
05/06/2009	\$356.20											
6 Payee address; City; State; Zip Code PO Box 619616 Dallas, TX 75261												
7 Purpose of expenditure (See instructions regarding type of information required.) Airfare												
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>												
Date	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">Payee name Ampco System Parking</td> <td style="width:15%; padding: 5px;">Amount (\$)</td> </tr> <tr> <td style="padding: 5px;">06/12/2009</td> <td style="padding: 5px;">\$9.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Payee address; City; State; Zip Code 806 Rusk St Houston, TX 77002</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Purpose of expenditure (See instructions regarding type of information required.) Parking</td> </tr> <tr> <td colspan="2" style="padding: 5px;">(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></td> </tr> </table>	Payee name Ampco System Parking	Amount (\$)	06/12/2009	\$9.00	Payee address; City; State; Zip Code 806 Rusk St Houston, TX 77002		Purpose of expenditure (See instructions regarding type of information required.) Parking		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Payee name Ampco System Parking	Amount (\$)											
06/12/2009	\$9.00											
Payee address; City; State; Zip Code 806 Rusk St Houston, TX 77002												
Purpose of expenditure (See instructions regarding type of information required.) Parking												
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>												
Date	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">Payee name AT&T</td> <td style="width:15%; padding: 5px;">Amount (\$)</td> </tr> <tr> <td style="padding: 5px;">03/26/2009</td> <td style="padding: 5px;">\$30.72</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Payee address; City; State; Zip Code PO Box 650553 Dallas, TX 75265</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Purpose of expenditure (See instructions regarding type of information required.) Cell phone service</td> </tr> <tr> <td colspan="2" style="padding: 5px;">(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></td> </tr> </table>	Payee name AT&T	Amount (\$)	03/26/2009	\$30.72	Payee address; City; State; Zip Code PO Box 650553 Dallas, TX 75265		Purpose of expenditure (See instructions regarding type of information required.) Cell phone service		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Payee name AT&T	Amount (\$)											
03/26/2009	\$30.72											
Payee address; City; State; Zip Code PO Box 650553 Dallas, TX 75265												
Purpose of expenditure (See instructions regarding type of information required.) Cell phone service												
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>												
Date	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">Payee name AT&T</td> <td style="width:15%; padding: 5px;">Amount (\$)</td> </tr> <tr> <td style="padding: 5px;">03/30/2009</td> <td style="padding: 5px;">\$112.71</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Payee address; City; State; Zip Code PO Box 650553 Dallas, TX 75265</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Purpose of expenditure (See instructions regarding type of information required.) Blackberry service</td> </tr> <tr> <td colspan="2" style="padding: 5px;">(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></td> </tr> </table>	Payee name AT&T	Amount (\$)	03/30/2009	\$112.71	Payee address; City; State; Zip Code PO Box 650553 Dallas, TX 75265		Purpose of expenditure (See instructions regarding type of information required.) Blackberry service		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Payee name AT&T	Amount (\$)											
03/30/2009	\$112.71											
Payee address; City; State; Zip Code PO Box 650553 Dallas, TX 75265												
Purpose of expenditure (See instructions regarding type of information required.) Blackberry service												
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>												
Date	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">Payee name AT&T</td> <td style="width:15%; padding: 5px;">Amount (\$)</td> </tr> <tr> <td style="padding: 5px;">04/15/2009</td> <td style="padding: 5px;">\$45.01</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Payee address; City; State; Zip Code PO Box 650574 Dallas, TX 75265</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Purpose of expenditure (See instructions regarding type of information required.) Cell phone service</td> </tr> <tr> <td colspan="2" style="padding: 5px;">(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></td> </tr> </table>	Payee name AT&T	Amount (\$)	04/15/2009	\$45.01	Payee address; City; State; Zip Code PO Box 650574 Dallas, TX 75265		Purpose of expenditure (See instructions regarding type of information required.) Cell phone service		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Payee name AT&T	Amount (\$)											
04/15/2009	\$45.01											
Payee address; City; State; Zip Code PO Box 650574 Dallas, TX 75265												
Purpose of expenditure (See instructions regarding type of information required.) Cell phone service												
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>												

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/28 Report: 6/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date	5 Payee name AT&T <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code PO Box 650574 Dallas, TX 75265 7 Purpose of expenditure (See instructions regarding type of information required.) Cell phone service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$45.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name AT&T <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code PO Box 650553 Dallas, TX 75265 Purpose of expenditure (See instructions regarding type of information required.) Cell phone service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$147.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name AT&T <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code PO Box 650553 Dallas, TX 75265 Purpose of expenditure (See instructions regarding type of information required.) Blackberry service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$169.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name AT&T <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code PO Box 650574 Dallas, TX 75265 Purpose of expenditure (See instructions regarding type of information required.) Cell phone service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$43.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name AT&T <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code PO Box 650574 Dallas, TX 75265 Purpose of expenditure (See instructions regarding type of information required.) Cell phone service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$43.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/28 Report: 7/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO Box 650020 El Paso, TX 88565 7 Purpose of expenditure (See instructions regarding type of information required.) Dataports (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$541.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name AT&T Payee address; City; State; Zip Code PO Box 650553 Dallas, TX 75265 Purpose of expenditure (See instructions regarding type of information required.) Cell phone service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$209.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name AT&T Payee address; City; State; Zip Code PO Box 650553 Dallas, TX 75265 Purpose of expenditure (See instructions regarding type of information required.) Blackberry service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$170.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name AT&T Payee address; City; State; Zip Code PO Box 650574 Dallas, TX 75265 Purpose of expenditure (See instructions regarding type of information required.) Cell phone service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$40.27 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name AT&T Payee address; City; State; Zip Code PO Box 650574 Dallas, TX 75265 Purpose of expenditure (See instructions regarding type of information required.) Cell phone service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$40.27 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/28 Report: 8/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO Box 650553 Dallas, TX 75265 7 Purpose of expenditure (See instructions regarding type of information required.) Cell phone service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$166.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name AT&T Payee address; City; State; Zip Code PO Box 650553 Dallas, TX 752650553 Purpose of expenditure (See instructions regarding type of information required.) Blackberry service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$168.59 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Austin Center Payee address; City; State; Zip Code 701 Brazos St Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Parking (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$14.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Best Western Payee address; City; State; Zip Code 1358 S Business Hwy 281 Alice, TX 78332 Purpose of expenditure (See instructions regarding type of information required.) Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$199.36 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Blue Mesa Grill Payee address; City; State; Zip Code 1600 S University Dr Fort Worth, TX 76109 Purpose of expenditure (See instructions regarding type of information required.) Committee meeting lunch (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$302.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/28 Report: 9/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date 03/07/2009	5 Payee name Blue Star Cafeteria 6 Payee address; City; State; Zip Code 4800 Burnet Rd Austin, TX 78756 7 Purpose of expenditure (See instructions regarding type of information required.) Committee working dinner (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$113.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/28/2009	Payee name Cellular World Payee address; City; State; Zip Code 6901-C Green Oaks Rd Fort Worth, TX 76116 Purpose of expenditure (See instructions regarding type of information required.) Cell phone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$423.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 06/05/2009	Payee name Central Market Payee address; City; State; Zip Code 4651 W Freeway, Suite A Fort Worth, TX 76107 Purpose of expenditure (See instructions regarding type of information required.) Meeting refreshments (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$118.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 05/02/2009	Payee name Concentric Business Group, Inc Payee address; City; State; Zip Code 1355-B N Glenville Dr Richardson, TX 75081 Purpose of expenditure (See instructions regarding type of information required.) Notebooks (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$38.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/08/2009	Payee name Continental Airlines Payee address; City; State; Zip Code 1600 Smith Street Houston, TX 77002 Purpose of expenditure (See instructions regarding type of information required.) Airfare (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$314.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/28 Report: 10/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date	5 Payee name Continental Airlines	8 Amount (\$)
05/08/2009	6 Payee address; City; State; Zip Code 1600 Smith Street Houston, TX 77002	\$320.40
	7 Purpose of expenditure (See instructions regarding type of information required.) Airfare (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Dallas Main Center	Amount (\$)
03/10/2009	Payee address; City; State; Zip Code 1412 Main St Dallas, TX 75202	\$18.00
	Purpose of expenditure (See instructions regarding type of information required.) Parking (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Dell Small Business	Amount (\$)
05/21/2009	Payee address; City; State; Zip Code One Dell Way, Mail Stop 8129 Round Rock, TX 78682	\$1,416.97
	Purpose of expenditure (See instructions regarding type of information required.) Software (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Dell Small Business	Amount (\$)
05/28/2009	Payee address; City; State; Zip Code One Dell Way, Mail Stop 8129 Round Rock, TX 78682	\$1,376.50
	Purpose of expenditure (See instructions regarding type of information required.) Computer equipment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Dell Small Business	Amount (\$)
05/29/2009	Payee address; City; State; Zip Code One Dell Way, Mail Stop 8129 Round Rock, TX 78682	\$1,308.46
	Purpose of expenditure (See instructions regarding type of information required.) Computer equipment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/28 Report: 11/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date 05/29/2009	5 Payee name Dell Small Business <hr/> 6 Payee address; City; State; Zip Code One Dell Way, Mail Stop 8129 Round Rock, TX 78682 <hr/> 7 Purpose of expenditure (See instructions regarding type of information required.) Computer equipment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$1,293.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 06/05/2009	Payee name Dell Small Business <hr/> Payee address; City; State; Zip Code One Dell Way, Mail Stop 8129 Round Rock, TX 78682 <hr/> Purpose of expenditure (See instructions regarding type of information required.) Computer equipment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$10,099.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 05/26/2009	Payee name Democratic Gain <hr/> Payee address; City; State; Zip Code PO Box 15007 Washington, DC 20003 <hr/> Purpose of expenditure (See instructions regarding type of information required.) Employment postings (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$37.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/25/2009	Payee name Double Tree Guest Suites <hr/> Payee address; City; State; Zip Code 5353 Westheimer Rd Houston, TX 77056 <hr/> Purpose of expenditure (See instructions regarding type of information required.) Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$823.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/15/2009	Payee name Double Tree Guest Suites <hr/> Payee address; City; State; Zip Code 5353 Westheimer Rd Houston, TX 77056 <hr/> Purpose of expenditure (See instructions regarding type of information required.) Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$821.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/28 Report: 12/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date 04/25/2009	5 Payee name Doubletree Guest Suites 6 Payee address; City; State; Zip Code 5353 Westheimer Rd Houston, TX 77056 7 Purpose of expenditure (See instructions regarding type of information required.) Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$377.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/03/2009	Payee name Driskill Hotel Payee address; City; State; Zip Code 604 Brazos Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$685.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/06/2009	Payee name Driskill Hotel Payee address; City; State; Zip Code 604 Brazos Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$1,109.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/06/2009	Payee name Driskill Hotel Payee address; City; State; Zip Code 604 Brazos Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Parking (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$15.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 05/07/2009	Payee name Duke's Chevron Payee address; City; State; Zip Code 165 N Connally Elm Mott, TX 76640 Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$32.71 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/28 Report: 13/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date 04/17/2009	5 Payee name Embassy Suites 6 Payee address; City; State; Zip Code 1800 South Second St McAllen, TX 78503 7 Purpose of expenditure (See instructions regarding type of information required.) Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$317.93 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 05/12/2009	Payee name Embassy Suites Payee address; City; State; Zip Code 1800 South Second St McAllen, TX 78503 Purpose of expenditure (See instructions regarding type of information required.) Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$140.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 05/12/2009	Payee name Embassy Suites Payee address; City; State; Zip Code 1800 South Second St McAllen, TX 78503 Purpose of expenditure (See instructions regarding type of information required.) Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$167.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 05/10/2009	Payee name End Zone Payee address; City; State; Zip Code 402 S Memorial Riesel, TX 76682 Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$16.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/25/2009	Payee name End Zone Minimart Payee address; City; State; Zip Code 432 S Memorial Riesel, TX 76682 Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$25.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/28 Report: 14/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date	5 Payee name Equastone One Riverwalk Place LP	8 Amount (\$) \$2.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
04/06/2009	6 Payee address; City; State; Zip Code 700 N St. Mary's St San Antonio, TX 78205	
7 Purpose of expenditure (See instructions regarding type of information required.) Parking (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Date	Payee name Exxon Express Pay	Amount (\$) \$30.11 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
03/27/2009	Payee address; City; State; Zip Code 1685 W Randol Mill Rd Arlington, TX 76012	
Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Date	Payee name Fed Ex	Amount (\$) \$27.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
04/21/2009	Payee address; City; State; Zip Code PO Box 660481 Dallas, TX 752660481	
Purpose of expenditure (See instructions regarding type of information required.) Shipping (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Date	Payee name FedEx Kinko's	Amount (\$) \$120.16 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
03/02/2009	Payee address; City; State; Zip Code 2901-C Medical Arts Austin, TX 78705	
Purpose of expenditure (See instructions regarding type of information required.) Copies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Date	Payee name Fort Worth Club Garage	Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
05/20/2009	Payee address; City; State; Zip Code 306 W 7th St Fort Worth, TX 76102	
Purpose of expenditure (See instructions regarding type of information required.) Parking (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/28 Report: 15/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date 04/10/2009	5 Payee name Full Service Movers 6 Payee address; City; State; Zip Code 1404 Lamplighter Lane Fort Worth, TX 76134 7 Purpose of expenditure (See instructions regarding type of information required.) Office furniture moving (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$1,500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/22/2009	Payee name Gator Stop #3 Payee address; City; State; Zip Code 16075 IH 35S Ross, TX 76684 Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$31.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/17/2009	Payee name Greene HD Productions, Inc Payee address; City; State; Zip Code 6724 Calender Road Arlington, TX 76001 Purpose of expenditure (See instructions regarding type of information required.) Video services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$2,080.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/23/2009	Payee name Heritage Plaza Payee address; City; State; Zip Code 1111 Bagby Houston, TX 77002 Purpose of expenditure (See instructions regarding type of information required.) Parking (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/24/2009	Payee name Heritage Plaza Payee address; City; State; Zip Code 1111 Bagby Houston, TX 77002 Purpose of expenditure (See instructions regarding type of information required.) Parking (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$12.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/28 Report: 16/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date	5 Payee name Heritage Plaza 6 Payee address; City; State; Zip Code 1111 Bagby Houston, TX 77002 7 Purpose of expenditure (See instructions regarding type of information required.) Parking (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$16.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Heritage Plaza Payee address; City; State; Zip Code 1111 Bagby Houston, TX 77002 Purpose of expenditure (See instructions regarding type of information required.) Parking (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$7.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Holiday Inn Payee address; City; State; Zip Code 3950 I-10 S Beaumont, TX 77705 Purpose of expenditure (See instructions regarding type of information required.) Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$171.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Holiday Inn Payee address; City; State; Zip Code 3950 I-10 S Beaumont, TX 77705 Purpose of expenditure (See instructions regarding type of information required.) Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$174.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Houston, Rhonda Payee address; City; State; Zip Code 6440 Forest Knoll Trail Dallas, TX 75232 Purpose of expenditure (See instructions regarding type of information required.) Salary advance (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$5,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/28 Report: 17/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date	5 Payee name Intercontinental Stephen F Austin	8 Amount (\$)
05/20/2009	6 Payee address; City; State; Zip Code 701 Congress Avenue Austin, TX 78701	\$1,173.60
	7 Purpose of expenditure (See instructions regarding type of information required.) Meeting catering (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Jason's Deli	Amount (\$)
05/21/2009	Payee address; City; State; Zip Code 6244 Camp Bowie Dr Fort Worth, TX 76116	\$107.14
	Purpose of expenditure (See instructions regarding type of information required.) Interview food and beverage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Jason's Deli	Amount (\$)
05/22/2009	Payee address; City; State; Zip Code 1120 S Freeway Fort Worth, TX 76104	\$76.06
	Purpose of expenditure (See instructions regarding type of information required.) Interview food and beverage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Joe T Garcia's	Amount (\$)
05/19/2009	Payee address; City; State; Zip Code 2201 N Commerce St Fort Worth, TX 76104	\$70.00
	Purpose of expenditure (See instructions regarding type of information required.) Committee working dinner (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Kincaid's	Amount (\$)
05/20/2009	Payee address; City; State; Zip Code 4901 Camp Bowie Blvd Fort Worth, TX 76107	\$47.90
	Purpose of expenditure (See instructions regarding type of information required.) Committee working lunch (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/28 Report: 18/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date 03/31/2009	5 Payee name Longley, Adam 6 Payee address; City; State; Zip Code 1706 Ullrich Avenue Austin, TX 78756 7 Purpose of expenditure (See instructions regarding type of information required.) Salary advance (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$3,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/30/2009	Payee name Louie's 106 Payee address; City; State; Zip Code 106 E 6th St Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Committee working lunch (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$91.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 06/10/2009	Payee name New South Parking Payee address; City; State; Zip Code P O Box 60751 Houston, TX 77205 Purpose of expenditure (See instructions regarding type of information required.) Parking (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$15.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 05/28/2009	Payee name NGP Software Inc. Payee address; City; State; Zip Code 1101 Vermont Avenue, Nw Ste 710 Washington, DC 20005 Purpose of expenditure (See instructions regarding type of information required.) Website development (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$4,400.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/08/2009	Payee name Office Depot Payee address; City; State; Zip Code 6680 West Freeway Fort Worth, TX 76116 Purpose of expenditure (See instructions regarding type of information required.) Office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$41.11 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/28 Report: 19/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date	5 Payee name Office Depot	8 Amount (\$)
06/06/2009	6 Payee address; City; State; Zip Code 6680 West Freeway Fort Worth, TX 76116	\$276.18
	7 Purpose of expenditure (See instructions regarding type of information required.) Office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Office Depot	Amount (\$)
06/21/2009	Payee address; City; State; Zip Code 6680 West Freeway Fort Worth, TX 78682	\$123.72
	Purpose of expenditure (See instructions regarding type of information required.) Office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Office Max	Amount (\$)
03/07/2009	Payee address; City; State; Zip Code 907 West Fifth St Austin, TX 78703	\$373.30
	Purpose of expenditure (See instructions regarding type of information required.) Office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Office Max	Amount (\$)
04/16/2009	Payee address; City; State; Zip Code 907 West Fifth St Austin, TX 78703	\$368.98
	Purpose of expenditure (See instructions regarding type of information required.) Office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Omni Hotel	Amount (\$)
03/31/2009	Payee address; City; State; Zip Code 700 San Jacinto Austin, TX 78701	\$433.53
	Purpose of expenditure (See instructions regarding type of information required.) Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/28 Report: 20/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date 05/14/2009	5 Payee name Omni Hotel 6 Payee address; City; State; Zip Code 900 & 707 N Shoreline Blvd Corpus Christi, TX 78401 7 Purpose of expenditure (See instructions regarding type of information required.) Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$169.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 05/14/2009	Payee name Omni Hotel Payee address; City; State; Zip Code 900 & 707 N Shoreline Blvd Corpus Christi, TX 78401 Purpose of expenditure (See instructions regarding type of information required.) Lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$228.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 05/05/2009	Payee name Paesanos Ristorante Payee address; City; State; Zip Code 555 E Basse, Suite 100 San Antonio, TX 78209 Purpose of expenditure (See instructions regarding type of information required.) Travel food and beverage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$72.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/23/2009	Payee name Pappas Bros. Payee address; City; State; Zip Code 5839 Westheimer at Bering Houston, TX 77057 Purpose of expenditure (See instructions regarding type of information required.) Travel food and beverage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$152.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/22/2009	Payee name Premiere Global Service Payee address; City; State; Zip Code PO Box 404357 Atlanta, GA 30384 Purpose of expenditure (See instructions regarding type of information required.) Conference calls (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$365.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/28 Report: 21/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date	5 Payee name QuikTrip	8 Amount (\$)
03/29/2009	6 Payee address; City; State; Zip Code 6301 Westworth Blvd Fort Worth, TX 76114	\$19.21
	7 Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name QuikTrip	Amount (\$)
04/17/2009	Payee address; City; State; Zip Code 6301 Westworth Blvd Fort Worth, TX 76114	\$32.20
	Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name QuikTrip	Amount (\$)
05/25/2009	Payee address; City; State; Zip Code 6301 Westworth Blvd Fort Worth, TX 76114	\$36.98
	Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Renaissance Tower	Amount (\$)
06/18/2009	Payee address; City; State; Zip Code 1201 Elm St Dallas, TX 75270	\$20.00
	Purpose of expenditure (See instructions regarding type of information required.) Parking (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Republic of Texas Restaurant	Amount (\$)
05/12/2009	Payee address; City; State; Zip Code 900 & 707 N Shoreline Blvd Corpus Christi, TX 78401	\$260.62
	Purpose of expenditure (See instructions regarding type of information required.) Committee working dinner (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/28 Report: 22/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date 05/08/2009	5 Payee name Rudys BBQ & Gas 6 Payee address; City; State; Zip Code 2400 N IH 35 Round Rock, TX 78681 7 Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$18.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/30/2009	Payee name Schieffer, Paul Payee address; City; State; Zip Code 700 S. 1st St., Apt. 208 Austin, TX 78704 Purpose of expenditure (See instructions regarding type of information required.) Salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$1,211.83 <input type="checkbox"/> Reimbursement from political contributions intended
Date 05/15/2009	Payee name Schieffer, Paul Payee address; City; State; Zip Code 700 S. 1st St., Apt. 208 Austin, TX 78704 Purpose of expenditure (See instructions regarding type of information required.) Salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$1,211.83 <input type="checkbox"/> Reimbursement from political contributions intended
Date 05/29/2009	Payee name Schieffer, Paul Payee address; City; State; Zip Code 700 S. 1st St., Apt. 208 Austin, TX 78704 Purpose of expenditure (See instructions regarding type of information required.) Salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$1,211.83 <input type="checkbox"/> Reimbursement from political contributions intended
Date 05/21/2009	Payee name Shell Payee address; City; State; Zip Code 3601 West Freeway Fort Worth, TX 76107 Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$18.74 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/28 Report: 23/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date	5 Payee name Shell	8 Amount (\$)
05/21/2009	6 Payee address; City; State; Zip Code 105 N College West, TX 76691	\$39.89
	7 Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Shell	Amount (\$)
05/31/2009	Payee address; City; State; Zip Code 105 N College West, TX 76691	\$40.50
	Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Shell	Amount (\$)
06/06/2009	Payee address; City; State; Zip Code 20102 S IH 35, Exit 35 Eddy, TX 76524	\$40.46
	Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Shell Food Mart	Amount (\$)
03/31/2009	Payee address; City; State; Zip Code 701 East 7th St Austin, TX 78702	\$32.09
	Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Shell Food Mart	Amount (\$)
05/19/2009	Payee address; City; State; Zip Code 701 East 7th St Austin, TX 78702	\$30.09
	Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/28 Report: 24/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date	5 Payee name Shell Station	8 Amount (\$)
04/04/2009	6 Payee address; City; State; Zip Code 1-35 S & Eddy Exit Eddy, TX 76524	\$26.87
	7 Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Shell Station	Amount (\$)
04/07/2009	Payee address; City; State; Zip Code 10230 East FWY Jacinto City, TX 77029	\$30.30
	Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Shell Station	Amount (\$)
05/19/2009	Payee address; City; State; Zip Code 3313 S IH 35W Burleson, TX 76028	\$33.43
	Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Southwest Airlines	Amount (\$)
04/14/2009	Payee address; City; State; Zip Code PO Box 36647 Dallas, TX 75235	\$202.70
	Purpose of expenditure (See instructions regarding type of information required.) Airfare (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Southwest Airlines	Amount (\$)
04/14/2009	Payee address; City; State; Zip Code PO Box 36647 Dallas, TX 75235	\$107.10
	Purpose of expenditure (See instructions regarding type of information required.) Airfare (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/28 Report: 25/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date 05/09/2009	5 Payee name Southwest Airlines 6 Payee address; City; State; Zip Code PO Box 36647-1CR Dallas, TX 75235 7 Purpose of expenditure (See instructions regarding type of information required.) Airfare (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$156.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 05/26/2009	Payee name Southwest Airlines Payee address; City; State; Zip Code PO Box 36647-1CR Dallas, TX 75235 Purpose of expenditure (See instructions regarding type of information required.) Airfare (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$133.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/08/2009	Payee name Speedy Stop #72 Payee address; City; State; Zip Code 7110 Eastex Freeway Beaumont, TX 77708 Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$18.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/01/2009	Payee name Star Stop #2 Payee address; City; State; Zip Code 1541 S University Fort Worth, TX 76107 Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$35.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/20/2009	Payee name Sundance Square Garage Payee address; City; State; Zip Code 201 Commerce St Fort Worth, TX 76102 Purpose of expenditure (See instructions regarding type of information required.) Parking (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$5.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/28 Report: 26/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date	5 Payee name Sundance Square Garage	8 Amount (\$)
05/19/2009	6 Payee address; City; State; Zip Code 401 Calhoun St Fort Worth, TX 76102	\$10.00
	7 Purpose of expenditure (See instructions regarding type of information required.) Parking (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Sundance Square Garge	Amount (\$)
06/04/2009	Payee address; City; State; Zip Code 201 Commerce St Fort Worth, TX 76102	\$2.50
	Purpose of expenditure (See instructions regarding type of information required.) Parking (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Taqueria El Jalisense	Amount (\$)
05/12/2009	Payee address; City; State; Zip Code 501 E Gravis San Diego, TX 78384	\$7.29
	Purpose of expenditure (See instructions regarding type of information required.) Travel food and beverage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Taqueria Garibaldi	Amount (\$)
05/13/2009	Payee address; City; State; Zip Code 200 N Staples Corpus Christi, TX 78401	\$24.33
	Purpose of expenditure (See instructions regarding type of information required.) Event food and beverage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Tarrytown Texaco	Amount (\$)
03/03/2009	Payee address; City; State; Zip Code 2400 Exposition Austin, TX 78703	\$30.86
	Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/28 Report: 27/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date	5 Payee name Tetco #656	8 Amount (\$)
05/20/2009	6 Payee address; City; State; Zip Code 8424 Preston University Park, TX 75205	\$39.31
	7 Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Tetco #81	Amount (\$)
04/06/2009	Payee address; City; State; Zip Code 1202 NE Loop 410 San Antonio, TX 78209	\$33.36
	Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Texas Democratic Party	Amount (\$)
03/06/2009	Payee address; City; State; Zip Code 505 W 12th St, Ste 200 Austin, TX 78701	\$1,000.00
	Purpose of expenditure (See instructions regarding type of information required.) Contribution (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Texas Democratic Party	Amount (\$)
03/13/2009	Payee address; City; State; Zip Code 505 W 12th St, Ste 200 Austin, TX 78701	\$250.00
	Purpose of expenditure (See instructions regarding type of information required.) Contribution (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Texas State Directory	Amount (\$)
05/22/2009	Payee address; City; State; Zip Code 1800 Nueces St Austin, TX 78701	\$81.19
	Purpose of expenditure (See instructions regarding type of information required.) Online subscription (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/28 Report: 28/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date	5 Payee name TEXVAC	8 Amount (\$)
04/22/2009	6 Payee address; City; State; Zip Code 3521 Oak Lawn Ave, #115 Dallas, TX 75219	\$2,500.00
	7 Purpose of expenditure (See instructions regarding type of information required.) Contribution (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name The Monarch	Amount (\$)
04/07/2009	Payee address; City; State; Zip Code 801 West 5th St Austin, TX 78703	\$500.00
	Purpose of expenditure (See instructions regarding type of information required.) Fees (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name The Monarch	Amount (\$)
04/10/2009	Payee address; City; State; Zip Code 801 West 5th St Austin, TX 78703	\$3,964.95
	Purpose of expenditure (See instructions regarding type of information required.) Rent and keys (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name The Monarch	Amount (\$)
04/29/2009	Payee address; City; State; Zip Code 801 West 5th St Austin, TX 78703	\$4,137.50
	Purpose of expenditure (See instructions regarding type of information required.) Rent and utilities (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name The Monarch	Amount (\$)
06/01/2009	Payee address; City; State; Zip Code 801 West 5th St Austin, TX 78703	\$4,203.78
	Purpose of expenditure (See instructions regarding type of information required.) Rent and utilities (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/28 Report: 29/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date 06/30/2009	5 Payee name The Monarch 6 Payee address; City; State; Zip Code 801 West 5th St Austin, TX 78703 7 Purpose of expenditure (See instructions regarding type of information required.) Rent and utilities (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$4,178.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/05/2009	Payee name The Tavern Payee address; City; State; Zip Code 922 W 12th Austin, TX 78703 Purpose of expenditure (See instructions regarding type of information required.) Committee working lunch (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$31.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 06/05/2009	Payee name Tom Thumb Payee address; City; State; Zip Code 6377 Camp Bowie Fort Worth, TX 76116 Purpose of expenditure (See instructions regarding type of information required.) Meeting supplies and drinks (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$46.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/30/2009	Payee name Travel Mart Payee address; City; State; Zip Code 15 S Stagecoach Rd Salado, TX 76571 Purpose of expenditure (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$29.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/02/2009	Payee name US Downtown Post Office Payee address; City; State; Zip Code 251 W Lancaster Ave Fort Worth, TX 76102 Purpose of expenditure (See instructions regarding type of information required.) Post office box (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$176.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/28 Report: 30/30
2 FILER NAME Schieffer, John Thomas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065432
4 Date 03/16/2009	5 Payee name US Downtown Post Office <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 251 W Lancaster Ave Fort Worth, TX 76102 <hr style="border-top: 1px dotted black;"/> 7 Purpose of expenditure (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$84.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/02/2009	Payee name Walmart <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 710 E Ben White Blvd Austin, TX 78704 <hr style="border-top: 1px dotted black;"/> Purpose of expenditure (See instructions regarding type of information required.) Office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$10.57 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 05/06/2009	Payee name Walmart <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 6770 Westworth Blvd Fort Worth, TX 76114 <hr style="border-top: 1px dotted black;"/> Purpose of expenditure (See instructions regarding type of information required.) Office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$40.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended