

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Tom Schieffer for Governor, Inc.

ACCOUNT # (Ethics Commission filers)
00065434

13 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

SUPPORT
(Candidate or Measure)

OPPOSE
(Candidate or Measure)

ASSIST
(Officeholder only)

CANDIDATE

OFFICEHOLDER

MEASURE

CANDIDATE / OFFICEHOLDER NAME
John Thomas (Tom) Schieffer

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
Governor

BALLOT IDENTIFICATION / # **ELECTION DATE**
Month Day Year

DESCRIPTION

14 CONTRIBUTION TOTALS

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN 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)	\$	505,842.84
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	593.50
4. TOTAL POLITICAL EXPENDITURES	\$	233,801.42
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	454,155.60
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	200,000.00

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: 1/38 Report: 3/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 05/20/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aberly, Naomi (Ms.) 6 Contributor address; City; State; Zip Code 10210 Strait Ln Dallas, TX 75229-6532	7 Amount of contribution (\$) \$2,204.80	8 In-kind contribution description (if applicable) Event expenses
9 Principal occupation / Job title (See Instructions) Community volunteer		10 Employer (See Instructions) None	
Date 06/04/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aberly, Naomi (Ms.) Contributor address; City; State; Zip Code 10210 Strait Ln Dallas, TX 75229-6532	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Community volunteer		Employer (See Instructions) None	
Date 06/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Albert, Karl (Mr.) Contributor address; City; State; Zip Code 4925 Bryce Ave Fort Worth, TX 76107-4146	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Albert Nelly & Kuhlmann	
Date 06/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allen, Nancy Contributor address; City; State; Zip Code 5130 Green Tree Rd Houston, TX 77056-1406	Amount of contribution (\$) \$1,287.63	In-kind contribution description (if applicable) Dinner expenses
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self	
Date 06/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allen, Nancy Contributor address; City; State; Zip Code 5130 Green Tree Rd Houston, TX 77056-1406	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/38 Report: 4/103

2 FILER NAME Tom Schieffer for Governor, Inc.

3 ACCOUNT # (Ethics Commission filers)
00065434

4 Date
06/03/2009

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

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

6 Contributor address; City; State; Zip Code
5047 Glenbrook Ter NW
Washington, DC 20016-2602

\$1,000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Self

Date
05/28/2009

Full name of contributor out-of-state PAC (ID# _____)
Angle, John (Mr.)

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

Contributor address; City; State; Zip Code
2420 S Adams St
Fort Worth, TX 76110-2609

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Angle Mastagni Mathews Political Strategies LLC

Date
06/20/2009

Full name of contributor out-of-state PAC (ID# _____)
Angle, John (Mr.)

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

Contributor address; City; State; Zip Code
2420 S Adams St
Fort Worth, TX 76110-2609

\$168.00

Robocalls

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Angle Mastagni Mathews Political Strategies LLC

Date
06/30/2009

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

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

Contributor address; City; State; Zip Code
1401 McKinney St
Ste 1900
Houston, TX 77010-4037

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Jackson Walker LLP

Date
06/11/2009

Full name of contributor out-of-state PAC (ID# _____)
Balagia, Jack Jr.

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

Contributor address; City; State; Zip Code
2307 Kingston St
Houston, TX 77019-6415

\$340.39

Dinner expenses

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Exxon Mobil

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/38 Report: 5/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/22/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Balagia, Jack Jr. 6 Contributor address; City; State; Zip Code 2307 Kingston St Houston, TX 77019-6415	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) Attorney		10 Employer (See Instructions) Exxon Mobil	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Balch, Mandy Contributor address; City; State; Zip Code 1201 W. Lynn #204 Austin, TX 78703	Amount of contribution (\$) \$244.44	In-kind contribution description (if applicable) Reception expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 05/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barbee, Winsor Contributor address; City; State; Zip Code PO Box 222139 Dallas, TX 75222	Amount of contribution (\$) \$175.00	In-kind contribution description (if applicable) Invitation design, printing and mailing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The Marketing Collaborative	
Date 06/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barrett, Katherine Contributor address; City; State; Zip Code 1105 Deepwood Dr Round Rock, TX 78681-5635	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) Retired/IBM		Employer (See Instructions) Retired	
Date 06/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bartles, Linda Contributor address; City; State; Zip Code 4336 Curzon Ave Fort Worth, TX 76107-5402	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Part-time staff		Employer (See Instructions) WestAid	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 4/38 Report: 6/103	
2 FILER NAME Tom Schieffer for Governor, Inc.			3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/24/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradshaw, John (Judge) 6 Contributor address; City; State; Zip Code 1408 Tanglewood Dr Wichita Falls, TX 76309-1325	7 Amount of contribution (\$) \$250.00	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) Retired District Judge		10 Employer (See Instructions) Retired		
Date 06/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bramblett, George Jr. (Mr.) Contributor address; City; State; Zip Code 4515 Highland Drive Dallas, TX 75205	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Haynes & Boone LLP		
Date 06/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brannian, Lawrence Contributor address; City; State; Zip Code 8150 N Central Expy Ste 1800 Dallas, TX 75206-1883	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) Attorney		Employer (See Instructions) Snell Wylie & Tibbals		
Date 06/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brittain, James & Mackey Contributor address; City; State; Zip Code 1904 Westover Sq Fort Worth, TX 76107-3500	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) Surveyor		Employer (See Instructions) Brittain & Crawford		
Date 06/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruder, Rebecca (Ms.) Contributor address; City; State; Zip Code 5144 Meaders Ln Dallas, TX 75229-6644	Amount of contribution (\$) \$2,204.80	In-kind contribution description (if applicable) Event expenses	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Art Dealer		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: 5/38 Report: 7/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/04/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bryan, Bradley (Mr) 6 Contributor address; City; State; Zip Code 1122 Colorado St Ste 301 Austin, TX 78701-2133	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) Bryan & Associates	
Date 06/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bryan, Bradley (Mr) Contributor address; City; State; Zip Code 1122 Colorado St Ste 301 Austin, TX 78701-2133	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Bryan & Associates	
Date 05/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bryan, Fern Contributor address; City; State; Zip Code 5034 Wigton Dr Houston, TX 77096-5328	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Condit Elementary School	
Date 06/09/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Buchanan, Diane E Contributor address; City; State; Zip Code 6812 Hunters Glen Rd Dallas, TX 75205	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Self Employed	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burgess, Karen Contributor address; City; State; Zip Code 700 Panther Creek Driftwood, TX 78619	Amount of contribution (\$) \$244.44	In-kind contribution description (if applicable) Reception expenses <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Taylor Dunham & Burgess	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/38 Report: 8/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/26/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burlingame, David 6 Contributor address; City; State; Zip Code 4028 Aragon Dr Fort Worth, TX 76133-5559	7 Amount of contribution (\$) \$250.00	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) Registered Nurse		10 Employer (See Instructions) Veterans Affairs	
Date 05/26/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burrow, Diana Contributor address; City; State; Zip Code 559 County Road 336 Gonzales, TX 78629-6453	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) Owner		Employer (See Instructions) Eatwell Farm	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bushell, Gary (Mr.) Contributor address; City; State; Zip Code 1210 San Antonio St Ste 204 Austin, TX 78701-1834	Amount of contribution (\$) \$244.44	In-kind contribution description (if applicable) Event expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney & Government Consultant		Employer (See Instructions) Gary Bushell LLP	
Date 06/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Byrne, Molly Contributor address; City; State; Zip Code 1717 Arts Plaza N, 2307 Dallas, TX 75201	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) Retired		Employer (See Instructions) Self	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Caperton, Kent (Mr.) Contributor address; City; State; Zip Code 98 San Jacinto Blvd Suite 250 Austin, TX 78701	Amount of contribution (\$) \$244.44	In-kind contribution description (if applicable) Reception expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Ben Barnes Group	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/38 Report: 9/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/26/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carson, Wayne 6 Contributor address; City; State; Zip Code 4308 Downsview Ct Arlington, TX 76016-6261	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) CEO (social services)		10 Employer (See Instructions) All Church Home for Children	
Date 06/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casey, Ron (Mr.) Contributor address; City; State; Zip Code 2606 Torrey Pines Dr Fort Worth, TX 76109-5512	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Banking		Employer (See Instructions) Woodhaven National Bank	
Date 06/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chamy, Joseph (Mr.) Contributor address; City; State; Zip Code 1608 Oak Knoll Dr. Colleyville, TX 76034	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Self	
Date 05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coleman, Lee Jr (Mr.) Contributor address; City; State; Zip Code 6115 Lupton Dr Dallas, TX 75225-1920	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Salesman		Employer (See Instructions) CBRE	
Date 06/09/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cox, Collin Contributor address; City; State; Zip Code 909 Fannin St Ste 3600 Houston, TX 77010-1011	Amount of contribution (\$) \$550.00	In-kind contribution description (if applicable) Event expenses
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Yetter Warden & Coleman LLP	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/38 Report: 10/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 04/01/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crady, Debbie & G Rick 6 Contributor address; City; State; Zip Code 432 Victorian Dr Waxahachie, TX 75165-6507	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) Finance Investments / Teacher		10 Employer (See Instructions) Cardinal Investment Company Inc. / Retired	
Date 06/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel R Barrett Campaign Fund Contributor address; City; State; Zip Code PO Box 100535 Fort Worth, TX 76185-0535	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 06/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daves, Tommy (Mr.) Contributor address; City; State; Zip Code 1803 Eden Trail Euless, TX 76039	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) Retired		Employer (See Instructions) Retired	
Date 06/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Bronson (Mr.) Contributor address; City; State; Zip Code 7108 Falling Springs Rd Fort Worth, TX 76116-9309	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) Retired		Employer (See Instructions) Retired	
Date 06/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dean, Paulette Contributor address; City; State; Zip Code 8811 Oak Ledge Dr San Antonio, TX 78217-5808	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) Accountant		Employer (See Instructions) Paulette S Dean PC	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/38 Report: 11/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 05/26/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Drew, Frank 6 Contributor address; City; State; Zip Code 8318 Bowling Green Dr Unit B Austin, TX 78757-7710	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Director of Business Development		10 Employer (See Instructions) TengolInternet Inc.	
Date 06/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Drew, Frank Contributor address; City; State; Zip Code 8318 Bowling Green Dr Unit B Austin, TX 78757-7710	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Director of Business Development		Employer (See Instructions) TengolInternet Inc.	
Date 06/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Drew, Frank Contributor address; City; State; Zip Code 3004 Loveland Cove Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	
Date 04/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dworkin, Gary (Mr.) Contributor address; City; State; Zip Code 2804 W Bewick St Fort Worth, TX 76109-3031	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired/College Professor		Employer (See Instructions) Not Employed	
Date 05/05/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dworkin, Gary (Mr.) Contributor address; City; State; Zip Code 2804 W Bewick St Fort Worth, TX 76109-3031	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired/College Professor		Employer (See Instructions) Not Employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/38 Report: 12/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 05/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dworkin, Gary (Mr.) 6 Contributor address; City; State; Zip Code 2804 W Bewick St Fort Worth, TX 76109-3031	7 Amount of contribution (\$) \$50.00	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) Retired/College Professor		10 Employer (See Instructions) Not Employed	
Date 06/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) El Paso County Democratic Party Contributor address; City; State; Zip Code 1401 Montana, Suite C El Paso, TX 79902	Amount of contribution (\$) \$144.00	In-kind contribution description (if applicable) Reception expenses
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Estess, B. Henry Jr. (Dr.) Contributor address; City; State; Zip Code 5315 S Dentwood Dr Dallas, TX 75220-2255	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) MD		Employer (See Instructions) Self	
Date 06/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Evans, Robert P. and Cheryl (Mr.) Contributor address; City; State; Zip Code 5108 Sealands Ln Fort Worth, TX 76116-8416	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) Managing Partner/Admin. Asst.		Employer (See Instructions) Sproles Woodard/Sproles Woodard	
Date 06/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fagadau, Patricia (Ms.) Contributor address; City; State; Zip Code 4818 Melissa Lane Dallas, TX 75229	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) Interior Designer		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/38 Report: 13/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/02/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fischer, John II 6 Contributor address; City; State; Zip Code 2837 Townsend Dr Fort Worth, TX 76110-2940	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Teacher		10 Employer (See Instructions) Fort Worth ISD	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Forbes, Tom Contributor address; City; State; Zip Code 816 S. Congress Suite 1150 Austin, TX 78701	Amount of contribution (\$) \$244.44	In-kind contribution description (if applicable) Reception expenses
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Kemp Smith Partners	
Date 04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gallagher, Michael Contributor address; City; State; Zip Code 2905 Sackett St Houston, TX 77098-1127	Amount of contribution (\$) \$1,666.19	In-kind contribution description (if applicable) Office rent, receptionist, telephone and Internet
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Gallagher Law Firm	
Date 06/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gallagher, Michael Contributor address; City; State; Zip Code 2905 Sackett St Houston, TX 77098-1127	Amount of contribution (\$) \$3,288.17	In-kind contribution description (if applicable) Office rent, receptionist, telephone and Internet
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Gallagher Law Firm	
Date 06/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary Bushell LLP Contributor address; City; State; Zip Code 1210 San Antonio St Ste 204 Austin, TX 78701-1834	Amount of contribution (\$) \$500.00	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: 12/38 Report: 14/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/09/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Geiger, Richard 6 Contributor address; City; State; Zip Code 3831 Turtle Creek Blvd #7A Dallas, TX 75219-4494	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Thompson Coe Cousins and Irons	
Date 06/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George, R James & Cheryl Jr. Contributor address; City; State; Zip Code 2501 Stratford Dr Austin, TX 78746-5755	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/Homemaker		Employer (See Instructions) George & Brothers/Family	
Date 06/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gould, Warren (Mr.) Contributor address; City; State; Zip Code 3704 Crestline Road Fort Worth, TX 76107	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self	
Date 06/24/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hanson, Carlton Contributor address; City; State; Zip Code 14717 W Ranch Road 152 Llano, TX 78643	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	
Date 06/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harms, Dennie Contributor address; City; State; Zip Code PO Box 157 Springtown, TX 76082-0157	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) Harms Farm Store	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/38 Report: 15/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/29/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harper, James D. and Janie MD (Dr.) 6 Contributor address; City; State; Zip Code 1009 Hidden Rd Fort Worth, TX 76107-1553	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) MD/Retail		10 Employer (See Instructions) Self/Global Views	
Date 04/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hayes, Jeff Contributor address; City; State; Zip Code 4101 Turtle Creek Dr Port Arthur, TX 77642-7002	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self/Hayes Real Estate	
Date 06/24/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hedges, Michael Contributor address; City; State; Zip Code 4020 Blue Bonnet Apt C Houston, TX 77025	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Pepper Construction	
Date 06/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hill, John Contributor address; City; State; Zip Code 350 N Ervay St Apt 1506 Dallas, TX 75201-3919	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/Attorney		Employer (See Instructions) Vinson & Elkins/Fulbright & Jaworski	
Date 04/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hill, John and Janie Contributor address; City; State; Zip Code 350 N Ervay St Apt 1506 Dallas, TX 75201-3919	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/Attorney		Employer (See Instructions) Vinson & Elkins/Fulbright & Jaworski	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/38 Report: 17/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/23/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Houston, Wilbert 6 Contributor address; City; State; Zip Code 1225 E Pleasant Run #702 Desoto, TX 75115	7 Amount of contribution (\$) \$25.00	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) Retired		10 Employer (See Instructions) Retired	
Date 06/24/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hughes, Lou Ann Contributor address; City; State; Zip Code 737 Isom Rd San Antonio, TX 78216-4027	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) Attorney		Employer (See Instructions) Lou Ann HughesPC	
Date 06/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jay, Diane Contributor address; City; State; Zip Code 3980 Edgehill Rd Fort Worth, TX 76116-7303	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) Homemaker		Employer (See Instructions) N/A	
Date 05/26/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John P. Cowart PC Contributor address; City; State; Zip Code 1609 Shoal Creek Blvd Ste 100 Austin, TX 78701-1063	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 06/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kaplan, Lee Contributor address; City; State; Zip Code 10 West Ln Houston, TX 77019-1008	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) Attorney		Employer (See Instructions) Smyser Kaplan & Veselka LLP	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/38 Report: 18/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 05/01/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kerby, Arlie 6 Contributor address; City; State; Zip Code 6532 Sleepy Hollow Ave Texarkana, TX 75503-0855	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) Legal Assistant		10 Employer (See Instructions) Miller Jones Miller & Hornsby	
Date 06/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kirtley, William Contributor address; City; State; Zip Code 4601 Crestline Rd Fort Worth, TX 76107-1505	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) HD Supply	
Date 06/25/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Klein, Michael Contributor address; City; State; Zip Code 1408 Rockcliff Rd Austin, TX 78746-1207	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Oil and Gas		Employer (See Instructions) Michael L Klein Company	
Date 06/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Knowles, Walter and Janice Contributor address; City; State; Zip Code 1200 Thomas Pl Fort Worth, TX 76107-2430	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) Retired		Employer (See Instructions) Retired	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kralj, Nick (Mr.) Contributor address; City; State; Zip Code 1220 Colorado St Ste 110 Austin, TX 78701-1860	Amount of contribution (\$) \$244.44	In-kind contribution description (if applicable) Reception expenses
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 17/38 Report: 19/103	
2 FILER NAME Tom Schieffer for Governor, Inc.				3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/29/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kuhlmann, William (Mr.) 6 Contributor address; City; State; Zip Code 4162 Inman Ct Fort Worth, TX 76109-4918		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) Attorney			10 Employer (See Instructions) Albert Neely & Kuhlmann		
Date 06/05/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laughlin, Janet Contributor address; City; State; Zip Code 3757 Woodshadow Lane Addison, TX 75001		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) Attorney			Employer (See Instructions) None		
Date 06/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lester, Dana Contributor address; City; State; Zip Code 1213 Crestwick Dr. Murphy, TX 75094		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) None			Employer (See Instructions) None		
Date 06/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Liddell, William Contributor address; City; State; Zip Code 43 Rainey Road Apt. 804 Austin, TX 78701		Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions) Fulbright Jaworski		
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lippincott, Rob and Cathy Contributor address; City; State; Zip Code 1412 S Congress Ave Austin, TX 78704-2435		Amount of contribution (\$) \$244.44	In-kind contribution description (if applicable) Event expenses	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Owner/Owner			Employer (See Instructions) Gueros Restaurant Inc./Gueros Restaurant Inc.		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/38 Report: 20/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 04/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Longley, Joe 6 Contributor address; City; State; Zip Code 3104 Highland Terrace West Austin, TX 78731	7 Amount of contribution (\$) \$499.53	8 In-kind contribution description (if applicable) Contract services and meeting expenses
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self Employed	
4 Date 04/01/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Longley, Joe and Maggie 6 Contributor address; City; State; Zip Code 3104 Highland Terrace West Austin, TX 78731	7 Amount of contribution (\$) \$25,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney / Designer		10 Employer (See Instructions) Self Employed / Self Employed Retired	
4 Date 05/08/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Longley, Joe and Maggie 6 Contributor address; City; State; Zip Code 3104 Highland Terrace West Austin, TX 78731	7 Amount of contribution (\$) \$244.44	8 In-kind contribution description (if applicable) Reception expenses
9 Principal occupation / Job title (See Instructions) Attorney / Designer		10 Employer (See Instructions) Self Employed / Self Employed Retired	
4 Date 05/26/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Longley, Joe and Maggie 6 Contributor address; City; State; Zip Code 3104 Highland Terrace West Austin, TX 78731	7 Amount of contribution (\$) \$750.00	8 In-kind contribution description (if applicable) Event expenses
9 Principal occupation / Job title (See Instructions) Attorney / Designer		10 Employer (See Instructions) Self Employed / Self Employed Retired	
4 Date 05/08/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Longley, Susan (Ms.) 6 Contributor address; City; State; Zip Code 606 W Lynn St Apt 23 Austin, TX 78703-4759	7 Amount of contribution (\$) \$244.44	8 In-kind contribution description (if applicable) Reception expenses
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) Self Employed	

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The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 20/38 Report: 22/103	
2 FILER NAME Tom Schieffer for Governor, Inc.			3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 05/14/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mackenzie, Wendy 6 Contributor address; City; State; Zip Code 829 Park Ave New York, NY 10021-2846	7 Amount of contribution (\$) \$250.00 (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) Public Affairs Consultant		10 Employer (See Instructions) Self Employed		
Date 05/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MacLean, John (Hon.) Contributor address; City; State; Zip Code 1216 W Westhill Dr Cleburne, TX 76033-6021	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) Attorney		Employer (See Instructions) MacLean & Boulware		
Date 06/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mallios, George Contributor address; City; State; Zip Code 2106 Toro Canyon Rd Austin, TX 78746-2329	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) Attorney		Employer (See Instructions) Mallios & Associates		
Date 06/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Manne, Neal Contributor address; City; State; Zip Code 1000 Louisiana St Ste 5100 Houston, TX 77002-5091	Amount of contribution (\$) \$51.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) Lunch expenses	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Susman Godfrey LLP		
Date 06/24/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Manne, Neal Contributor address; City; State; Zip Code 1000 Louisiana St Ste 5100 Houston, TX 77002-5091	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) Lawyer		Employer (See Instructions) Susman Godfrey LLP		

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/38 Report: 23/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/06/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Ruth Ann 6 Contributor address; City; State; Zip Code 5001 Tolar Hwy Tolar, TX 76476	7 Amount of contribution (\$) \$10.00	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) Accountant		10 Employer (See Instructions) Self	
Date 06/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mayes, Sharon Contributor address; City; State; Zip Code 4104 York Colleyville, TX 76034	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) Retired teacher		Employer (See Instructions) None	
Date 06/25/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McLeland, Peggy Contributor address; City; State; Zip Code 6201 Foxcroft Road Alexandria, VA 22307	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) Investor		Employer (See Instructions) Self	
Date 05/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McLemore, Capri Contributor address; City; State; Zip Code 533 S White Chapel Blvd Southlake, TX 76092-7316	Amount of contribution (\$) \$550.00	In-kind contribution description (if applicable) Event expenses
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Family	
Date 06/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McPherson, Billy Joe Contributor address; City; State; Zip Code PO Box 14837 Haltom City, TX 76117-0837	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) Retired		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/38 Report: 24/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 04/01/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Merrill, John 6 Contributor address; City; State; Zip Code 5214 17th St N Arlington, VA 22205-3654	7 Amount of contribution (\$) \$300.00 (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) Federal Employee		10 Employer (See Instructions) US State Department	
Date 06/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mesches, Ben Contributor address; City; State; Zip Code 6715 Lovington Dr Dallas, TX 75252-2546	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Haynes and Boone LLP	
Date 06/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Metcalf, Linda Contributor address; City; State; Zip Code 6138 Heightsview Ln S Apt 816 Fort Worth, TX 76132-5350	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Banking		Employer (See Instructions) Plains Capital Bank	
Date 06/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miers, Julie Contributor address; City; State; Zip Code 6849 Middle Road Fort Worth, TX 76116	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Ft. Worth ISD	
Date 04/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, David Contributor address; City; State; Zip Code 5126 Bayou Timber Ln Houston, TX 77056-1402	Amount of contribution (\$) \$355.91 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) Event expenses
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Ventex Management Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/38 Report: 25/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 04/24/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, David 6 Contributor address; City; State; Zip Code 5126 Bayou Timber Ln Houston, TX 77056-1402	7 Amount of contribution (\$) \$241.79	8 In-kind contribution description (if applicable) Event expenses
9 Principal occupation / Job title (See Instructions) Investments		10 Employer (See Instructions) Ventex Management Inc.	
Date 06/09/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, David Contributor address; City; State; Zip Code 5126 Bayou Timber Ln Houston, TX 77056-1402	Amount of contribution (\$) \$527.67	In-kind contribution description (if applicable) Event expenses
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Ventex Management Inc.	
Date 03/05/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Katherine Contributor address; City; State; Zip Code 440 Louisiana Street Ste.200 Houston, TX 77002	Amount of contribution (\$) \$2,006.33	In-kind contribution description (if applicable) Domain names and registrations
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 03/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Katherine Contributor address; City; State; Zip Code 440 Louisiana Street Ste.200 Houston, TX 77002	Amount of contribution (\$) \$1,226.03	In-kind contribution description (if applicable) Domain names and registrations, dinner expenses
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 04/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Katherine Contributor address; City; State; Zip Code 440 Louisiana Street Ste.200 Houston, TX 77002	Amount of contribution (\$) \$1,901.38	In-kind contribution description (if applicable) Dinner expenses
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/38 Report: 26/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 05/03/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Katherine 6 Contributor address; City; State; Zip Code 440 Louisiana Street Ste.200 Houston, TX 77002	7 Amount of contribution (\$) \$335.08	8 In-kind contribution description (if applicable) Bumpersticker printing and shipping
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Katherine Contributor address; City; State; Zip Code 440 Louisiana Street Ste.200 Houston, TX 77002	Amount of contribution (\$) \$244.44	In-kind contribution description (if applicable) Reception expenses
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 06/09/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Katherine Contributor address; City; State; Zip Code 440 Louisiana Street Ste.200 Houston, TX 77002	Amount of contribution (\$) \$477.78	In-kind contribution description (if applicable) Event expenses
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 06/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miteff, Meto And Virginia (Mr.) Contributor address; City; State; Zip Code 4453 Crestline Rd Fort Worth, TX 76107-1502	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney / Homemaker		Employer (See Instructions) Self / Family	
Date 05/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murer, Beverly Contributor address; City; State; Zip Code 501 Knox Place Joliet, IL 60435	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/38 Report: 27/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/10/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Neely, Roger and Barbara (Mr.) 6 Contributor address; City; State; Zip Code 2512 Stadium Dr Fort Worth, TX 76109-1369	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable) Office inspection fee
9 Principal occupation / Job title (See Instructions) Attorney/Attorney		10 Employer (See Instructions) Albert Neely Kuhlman/Albert Neely Kuhlman	
Date 06/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Neely, Roger and Barbara (Mr.) Contributor address; City; State; Zip Code 2512 Stadium Dr Fort Worth, TX 76109-1369	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/Attorney		Employer (See Instructions) Albert Neely Kuhlman/Albert Neely Kuhlman	
Date 05/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nugent, James Contributor address; City; State; Zip Code 2211 Windsor Rd Austin, TX 78703-3114	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 06/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oden, Ken (Mr.) Contributor address; City; State; Zip Code 1506 Gaston Ave Austin, TX 78703-2419	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Linebarger Goggan Blair & Sampson	
Date 06/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Leslie Contributor address; City; State; Zip Code 2903 Albin Dr. San Antonio, TX 78209	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) None	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/38 Report: 28/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Thomas 6 Contributor address; City; State; Zip Code 2903 Albin Dr. San Antonio, TX 78209	7 Amount of contribution (\$) \$10.00	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) Project Manager		10 Employer (See Instructions) Capital Constructors Inc.	
Date 06/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olson, Charles and Kristine Contributor address; City; State; Zip Code 3708 Chimney Ridge Dr Waco, TX 76708-2368	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) Attorney / Homemaker		Employer (See Instructions) Haley & Olson/Family	
Date 05/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olson, Lyndon and Kathleen Jr. (Hon.) Contributor address; City; State; Zip Code 3812 Greenleaf Dr Waco, TX 76710-1416	Amount of contribution (\$) \$55,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Rancher and Banker/Rancher		Employer (See Instructions) Self/Self	
Date 06/14/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olson, Lyndon and Kathleen Jr. (Hon.) Contributor address; City; State; Zip Code 3812 Greenleaf Dr Waco, TX 76710-1416	Amount of contribution (\$) \$450.00	In-kind contribution description (if applicable) Dinner expenses
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Rancher and Banker/Rancher		Employer (See Instructions) Self/Self	
Date 05/04/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, Joseph Contributor address; City; State; Zip Code PO Box 1810 McAllen, TX 78505-1810	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Real Estate Investment		Employer (See Instructions) Self Employed	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/38 Report: 29/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/29/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, Sue 6 Contributor address; City; State; Zip Code 425 Joyce Arlington, TX 76010	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Legal Assistant		10 Employer (See Instructions) Meto Miteff	
Date 06/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pointer, Denise Contributor address; City; State; Zip Code 5124 Turtle Creek Ct Fort Worth, TX 76116-8418	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Nat'l Officer, Assoc of Professional Flight Attendants		Employer (See Instructions) American Airlines	
Date 06/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pubal, Roy (Mr.) Contributor address; City; State; Zip Code 21 Pin Oak Circle Northfield Center, OH 44067	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATF Agent		Employer (See Instructions) U.S. Government	
Date 05/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rangel, Jorge Contributor address; City; State; Zip Code PO Box 2683 Corpus Christi, TX 78403-2683	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed	
Date 06/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raphael, Robbie (Ms.) Contributor address; City; State; Zip Code 12 Lakeside Park Dallas, TX 75225-8110	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/25/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rapoport, Bernard (Mr.) 6 Contributor address; City; State; Zip Code 5400 Bosque Blvd Ste 302 Waco, TX 76710-4446	7 Amount of contribution (\$) \$25,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Insurance		10 Employer (See Instructions) Self	
Date 06/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ray, Hal Jr. (Mr.) Contributor address; City; State; Zip Code 109 Aledo Pointe Dr Aledo, TX 76008-3120	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Pope Hardwicke Christie	
Date 04/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reilly, Mike (Mr.) Contributor address; City; State; Zip Code 1017 S FM 5 Aledo, TX 76008-4558	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Reilly Brothers Property Co	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reilly, Mike (Mr.) Contributor address; City; State; Zip Code 1017 S FM 5 Aledo, TX 76008-4558	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Reilly Brothers Property Co	
Date 06/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robison, William Clay Contributor address; City; State; Zip Code 6514 Santolina Cv Austin, TX 78731-2806	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Communications Director		Employer (See Instructions) Tom Schieffer for Governor	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/38 Report: 31/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 04/01/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rose, Edward III (Mr.) 6 Contributor address; City; State; Zip Code 5 Willowood Ct. Dallas, TX 75205	7 Amount of contribution (\$) \$100,000.00 (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) Investments		10 Employer (See Instructions) Cardinal Investment Company Inc	
Date 04/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rose, Evelyn Potter Contributor address; City; State; Zip Code 5 Willowood St Dallas, TX 75205-3829	Amount of contribution (\$) \$100,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Community volunteer		Employer (See Instructions) Not Employed	
Date 05/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rose, Evelyn Potter Contributor address; City; State; Zip Code 5 Willowood St Dallas, TX 75205-3829	Amount of contribution (\$) \$5,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) Event expenses
Principal occupation / Job title (See Instructions) Community volunteer		Employer (See Instructions) Not Employed	
Date 05/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosen, Robert & Sally (Dr.) Contributor address; City; State; Zip Code 3802 Shenandoah St Dallas, TX 75205-1702	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) MD / Principal		Employer (See Instructions) Medprovider / 20th Century Collections	
Date 04/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Runnels, Forrest Contributor address; City; State; Zip Code PO Box 3264 McAllen, TX 78502-3264	Amount of contribution (\$) \$2,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions) EIA Properties Ltd	

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2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 05/02/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sampson, Alann 6 Contributor address; City; State; Zip Code 4809 Lafayette Ave Fort Worth, TX 76107-3725	7 Amount of contribution (\$) \$309.21	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) N/A	
Date 06/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sampson, Alann Contributor address; City; State; Zip Code 4809 Lafayette Ave Fort Worth, TX 76107-3725	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 05/13/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanchez, A. R. Jr. Contributor address; City; State; Zip Code PO Box 2986 Laredo, TX 78044-2986	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Chairman/CEO		Employer (See Instructions) Sanchez Oil & Gas	
Date 06/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanchez, A. R. Jr. Contributor address; City; State; Zip Code PO Box 2986 Laredo, TX 78044-2986	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Chairman/CEO		Employer (See Instructions) Sanchez Oil & Gas	
Date 06/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schieffer, Paul Contributor address; City; State; Zip Code 700 S. 1st St. Apt 208 Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Webmaster		Employer (See Instructions) Tom Schieffer for Governor	

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2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 05/29/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schoellkopf, John and Cathy 6 Contributor address; City; State; Zip Code 22 Royal Way Dallas, TX 75229	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired Investor		10 Employer (See Instructions) Retired	
Date 06/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shaw, Bob Contributor address; City; State; Zip Code 5208 Pershing Ave Ste A Fort Worth, TX 76107-4801	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Shaw-Stites	
Date 04/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shaw, Ethan Contributor address; City; State; Zip Code 4 Thoreau Ln Austin, TX 78746-3124	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) Reception expenses
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Moore Landry	
Date 05/26/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shaw, Ethan Contributor address; City; State; Zip Code 4 Thoreau Ln Austin, TX 78746-3124	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Moore Landry	
Date 06/24/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Silber, John Contributor address; City; State; Zip Code 132 Carlton Street Brookline, MA 02446	Amount of contribution (\$) \$55.50	In-kind contribution description (if applicable) Mailing
Principal occupation / Job title (See Instructions) President Emeritus		Employer (See Instructions) Boston University	

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2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/28/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Silber, Paul and Phyllis Jr. (Mr.) 6 Contributor address; City; State; Zip Code 2 Gallery Ct San Antonio, TX 78209-2951	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired Engineer & Rancher/ Homemaker & Rancher		10 Employer (See Instructions) Self/Family	
Date 06/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sims, John Contributor address; City; State; Zip Code 4407 15th St Lubbock, TX 79416-4807	Amount of contribution (\$) \$476.00	In-kind contribution description (if applicable) Event expenses
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sims Hubbert & Wilson	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Jon and Jennifer Contributor address; City; State; Zip Code 3313 Big Bend Dr. Austin, TX 78731	Amount of contribution (\$) \$244.44	In-kind contribution description (if applicable) Reception expenses
Principal occupation / Job title (See Instructions) Attorney/Real estate agent		Employer (See Instructions) Self/Capitol City Realty	
Date 06/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Tracey Contributor address; City; State; Zip Code 2300 W Magnolia Ave Fort Worth, TX 76110-1125	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Beach Street Lock Up	
Date 06/25/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spicer, Kathy Contributor address; City; State; Zip Code 4020 Shadow Drive Fort Worth, TX 76116	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/38 Report: 36/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/24/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, George 6 Contributor address; City; State; Zip Code 5020 Collinwood Ave Number 300 Fort Worth, TX 76107-3662	7 Amount of contribution (\$) \$200.00 (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) CPA		10 Employer (See Instructions) Altaras & Thompson P.C.	
Date 06/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, Kelly Contributor address; City; State; Zip Code 28 Valley Ridge Rd Fort Worth, TX 76107-3108	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) Investments		Employer (See Instructions) Crates Thompson Capital Inc.	
Date 06/25/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thornton, John (Mr.) Contributor address; City; State; Zip Code 300 W 6th St Ste 2300 Austin, TX 78701-3912	Amount of contribution (\$) \$10,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Austin Ventures	
Date 06/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Throckmorton, Jo Contributor address; City; State; Zip Code 3716 Hilltop Rd Fort Worth, TX 76109-2713	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	
Date 06/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tortorello, Marguerite Contributor address; City; State; Zip Code 5863 N Harlem Ave Chicago, IL 60631-2303	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) Public Affairs		Employer (See Instructions) Property Casualty Insurers Asso of America	

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2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 05/26/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Townsend, Cassie 6 Contributor address; City; State; Zip Code 2519 McCallum Dr Austin, TX 78703-2520	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Real Estate Investments		10 Employer (See Instructions) Self	
Date 06/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tyson, Gerry (Mr.) Contributor address; City; State; Zip Code 855 Texas St Suite 100 Fort Worth, TX 76102	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) The Tyson Organization	
Date 06/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wakeham, Jayne Contributor address; City; State; Zip Code 609 Salem Drive Arlington, TX 76014	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Licensed Professional Counselor		Employer (See Instructions) Self	
Date 06/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walsh, Rorey (Ms.) Contributor address; City; State; Zip Code 114 Lacey Oak Shavano Park, TX 78230-5611	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Medical student		Employer (See Instructions) None	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Watkins, Joe Bill Contributor address; City; State; Zip Code 200 Skyline Dr West Lake Hills, TX 78746-3611	Amount of contribution (\$) \$244.44	In-kind contribution description (if applicable) Reception expenses <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

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2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/16/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Watkins, Joe Bill 6 Contributor address; City; State; Zip Code 200 Skyline Dr West Lake Hills, TX 78746-3611	7 Amount of contribution (\$) \$3,889.06	8 In-kind contribution description (if applicable) Event expenses
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 06/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Watkins, Joe Bill Contributor address; City; State; Zip Code 200 Skyline Dr West Lake Hills, TX 78746-3611	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 06/09/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weathers III, Walter T Contributor address; City; State; Zip Code 5529 Schumacher Ln Houston, TX 77056	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) Finance		Employer (See Instructions) NATCO	
Date 06/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wendell, Ware Contributor address; City; State; Zip Code 1609 Shoal Creek Blvd. Ste.100 Austin, TX 78701	Amount of contribution (\$) \$3,860.00	In-kind contribution description (if applicable) Research services
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 06/04/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) West, Ben (Mr.) Contributor address; City; State; Zip Code 4225 Potomac Ave Dallas, TX 75205-2626	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Thompson & Knight LLP	

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2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 05/20/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whitehill, Virginia (Ms.) 6 Contributor address; City; State; Zip Code 3629 Dartmouth Ave Dallas, TX 75205-3238	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 06/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Alan Contributor address; City; State; Zip Code 3129 Royal Street New Orleans, LA 70117	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) GCR & Associates	
Date 06/24/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Thomas and Karen (Mr.) Contributor address; City; State; Zip Code 4408 Ranch View Rd Fort Worth, TX 76109-3441	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney / Owner		Employer (See Instructions) Haynes and Boone LLP / The French Knot	
Date 06/24/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wing, Dorothy Contributor address; City; State; Zip Code 717 Royal View Ct Weatherford, TX 76087	Amount of contribution (\$) \$65.11	In-kind contribution description (if applicable) Soft drinks, water, ice and copy paper
Principal occupation / Job title (See Instructions) Campaign Director		Employer (See Instructions) Tom Schieffer for Governor	
Date 06/25/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wing, Dorothy Contributor address; City; State; Zip Code 717 Royal View Ct Weatherford, TX 76087	Amount of contribution (\$) \$2,192.18	In-kind contribution description (if applicable) Staff shirts, data card use, and staff breakfast
Principal occupation / Job title (See Instructions) Campaign Director		Employer (See Instructions) Tom Schieffer for Governor	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 38/38 Report: 40/103	
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434	
4 Date 06/29/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wing, Dorothy 6 Contributor address; City; State; Zip Code 717 Royal View Ct Weatherford, TX 76087	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Campaign Director		10 Employer (See Instructions) Tom Schieffer for Governor	
Date 05/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wisch, Steven Contributor address; City; State; Zip Code 5034 Wigton Dr Houston, TX 77096-5328	Amount of contribution (\$) \$260.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed	
Date 06/25/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wright, Gail (Ms.) Contributor address; City; State; Zip Code 6128 Curzon Avenue Fort Worth, TX 76116	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	
Date 06/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Young, Sharon Contributor address; City; State; Zip Code 4619 Park Lane Dallas, TX 75220	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self-employed	

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 41/103

2 FILER NAME Tom Schieffer for Governor, Inc.

3 ACCOUNT # (Ethics Commission filers)
00065434

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

<p>5 Date 06/28/2009</p>	<p>6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Vinson, Johnny (Bud) (Mr.)</p> <hr/> <p>7 Pledgor address; City; State; Zip Code 6913 Old Homestead Road Fort Worth, TX 76132</p>	<p>8 Amount of pledge (\$) \$5,000.00</p>	<p>9 In-kind description (if applicable)</p>
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(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)
President

11 Employer (See Instructions)
Threshold Development Co.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/60 Report: 43/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 04/30/2009	5 Payee name ADP 6 Payee address; City; State; Zip Code 2735 Stemmons Freeway Dallas, TX 75207	7 Amount (\$) \$10,616.86
8 Purpose of payment (See instructions regarding type of information required.) Payroll tax (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 04/30/2009	Payee name ADP Payee address; City; State; Zip Code 2736 Stemmons Freeway Dallas, TX 75208	Amount (\$) \$55.81
Purpose of payment (See instructions regarding type of information required.) Payroll fees (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 05/04/2009	Payee name ADP Payee address; City; State; Zip Code 2738 Stemmons Freeway Dallas, TX 75210	Amount (\$) \$54.13
Purpose of payment (See instructions regarding type of information required.) Payroll fees (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 05/15/2009	Payee name ADP Payee address; City; State; Zip Code 2737 Stemmons Freeway Dallas, TX 75209	Amount (\$) \$5,122.48
Purpose of payment (See instructions regarding type of information required.) Payroll tax (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: 2/60 Report: 44/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 05/15/2009	5 Payee name ADP 6 Payee address; City; State; Zip Code 2738 Stemmons Freeway Dallas, TX 75210	7 Amount (\$) \$57.05
8 Purpose of payment (See instructions regarding type of information required.) Payroll fees (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 05/29/2009	Payee name ADP Payee address; City; State; Zip Code 2739 Stemmons Freeway Dallas, TX 75211	Amount (\$) \$5,075.46
Purpose of payment (See instructions regarding type of information required.) Payroll tax (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 05/29/2009	Payee name ADP Payee address; City; State; Zip Code 2740 Stemmons Freeway Dallas, TX 75212	Amount (\$) \$57.05
Purpose of payment (See instructions regarding type of information required.) Payroll fees (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 06/15/2009	Payee name ADP Payee address; City; State; Zip Code 2741 Stemmons Freeway Dallas, TX 75213	Amount (\$) \$5,692.45
Purpose of payment (See instructions regarding type of information required.) Payroll tax (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: 3/60 Report: 45/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/15/2009	5 Payee name ADP 6 Payee address; City; State; Zip Code 2742 Stemmons Freeway Dallas, TX 75214	7 Amount (\$) \$58.32
8 Purpose of payment (See instructions regarding type of information required.) Payroll fees (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 06/30/2009	Payee name ADP Payee address; City; State; Zip Code 2744 Stemmons Freeway Dallas, TX 75216	Amount (\$) \$650.86
Purpose of payment (See instructions regarding type of information required.) Payroll fees (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 06/30/2009	Payee name ADP Payee address; City; State; Zip Code 2743 Stemmons Freeway Dallas, TX 75215	Amount (\$) \$7,642.61
Purpose of payment (See instructions regarding type of information required.) Payroll tax (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 06/23/2009	Payee name Affairs Afloat Payee address; City; State; Zip Code 8912 White Settlement Rd Fort Worth, TX 76108	Amount (\$) \$119.07
Purpose of payment (See instructions regarding type of information required.) Event expense (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: 4/60 Report: 46/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 05/23/2009	5 Payee name Airtran Airways <hr/> 6 Payee address; City; State; Zip Code 9955 Airtran Boulevard, Suite 100 Orlando, FL 32827	7 Amount (\$) \$575.90
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Tom Kramer: Interview airfare (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 06/22/2009	Payee name American Airlines <hr/> Payee address; City; State; Zip Code PO Box 619616 DFW Airport, TX 75261	Amount (\$) \$141.60
Purpose of payment (See instructions regarding type of information required.) Airfare (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 06/25/2009	Payee name American Airlines <hr/> Payee address; City; State; Zip Code PO Box 619616 DFW Airport, TX 75261	Amount (\$) \$322.20
Purpose of payment (See instructions regarding type of information required.) Airfare (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 06/25/2009	Payee name American Airlines <hr/> Payee address; City; State; Zip Code PO Box 619616 DFW Airport, TX 75261	Amount (\$) \$322.20
Purpose of payment (See instructions regarding type of information required.) Airfare (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: 5/60 Report: 47/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 04/16/2009	5 Payee name AMPCO-Austin-Bergstrom International Airport 6 Payee address; City; State; Zip Code 3600 Presidential Boulevard Austin, TX 78719	7 Amount (\$) \$21.00
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Adam Longley: Parking (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 06/13/2009	Payee name AMPCO-Austin-Bergstrom International Airport Payee address; City; State; Zip Code 3600 Presidential Blvd Austin, TX 78719	Amount (\$) \$28.00
Purpose of payment (See instructions regarding type of information required.) 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:
Date 04/25/2009	Payee name AMPCO-Austin-Bergstrom Int'l Airport Payee address; City; State; Zip Code 3600 Presidential Boulevard Austin, TX 78719	Amount (\$) \$21.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Adam Longley: 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:
Date 05/13/2009	Payee name AMPCO-Austin-Bergstrom Int'l Airport Payee address; City; State; Zip Code 3600 Presidential Boulevard Austin, TX 78719	Amount (\$) \$28.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Adam Longley: 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: 6/60 Report: 48/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 04/24/2009	5 Payee name Angle Mastagni Mathews <hr/> 6 Payee address; City; State; Zip Code 2420 S Adams Fort Worth, TX 76110	7 Amount (\$) \$8,000.00
8 Purpose of payment (See instructions regarding type of information required.) Consulting: General political (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 04/17/2009	Payee name Articulated Man, Inc. <hr/> Payee address; City; State; Zip Code 1508 W Sunnyside Ave Chicago, IL 60640	Amount (\$) \$7,000.00
Purpose of payment (See instructions regarding type of information required.) Technology: Website (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 05/15/2009	Payee name AT&T <hr/> Payee address; City; State; Zip Code 6150 Camp Bowie Blvd Fort Worth, TX 76116	Amount (\$) \$1,239.40
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: Cell phones (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 06/03/2009	Payee name AT&T <hr/> Payee address; City; State; Zip Code 2111 N Collins, Ste 203 Arlington, TX 76011	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) Phone service (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: 7/60 Report: 49/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/03/2009	5 Payee name AT&T 6 Payee address; City; State; Zip Code 2111 N Collins, Ste 203 Arlington, TX 76011	7 Amount (\$) \$50.00
8 Purpose of payment (See instructions regarding type of information required.) Phone 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 06/23/2009	Payee name AT&T Payee address; City; State; Zip Code 2111 N Collins, Ste 203 Arlington, TX 76011	Amount (\$) \$86.39
Purpose of payment (See instructions regarding type of information required.) Phone equipment (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 06/02/2009	Payee name AT&T Mobility Payee address; City; State; Zip Code PO Box 650553 Dallas, TX 75265	Amount (\$) \$906.80
Purpose of payment (See instructions regarding type of information required.) Cell phone service (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 06/17/2009	Payee name AT&T Mobility Payee address; City; State; Zip Code PO Box 650553 Dallas, TX 75265	Amount (\$) \$70.16
Purpose of payment (See instructions regarding type of information required.) Reimburse Rhonda Houston: Cell phone service (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: 8/60 Report: 50/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/30/2009	5 Payee name Avis Rent a Car System 6 Payee address; City; State; Zip Code 6520 Convair Road El Paso, TX 79925	7 Amount (\$) \$338.82
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Clay Robison: Car rental (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 06/29/2009	Payee name AXM, LLC Payee address; City; State; Zip Code 2608 S Jennings Ave Fort Worth, TX 76110	Amount (\$) \$274.00
Purpose of payment (See instructions regarding type of information required.) Event expense (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 06/15/2009	Payee name Bat City Awards Payee address; City; State; Zip Code 1707 Nueces St Austin, TX 78701	Amount (\$) \$112.58
Purpose of payment (See instructions regarding type of information required.) Event expense (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 06/25/2009	Payee name Bearcom Rentals Payee address; City; State; Zip Code 4009 Distribution Dr, Bldg 200 Garland, TX 75041	Amount (\$) \$141.82
Purpose of payment (See instructions regarding type of information required.) Event expense (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: 9/60 Report: 51/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/15/2009	5 Payee name Best Western Suites Opryland 6 Payee address; City; State; Zip Code 201 Music City Circle Nashville, TN 37214	7 Amount (\$) \$77.29
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Tom Kramer: Relocation 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 06/19/2009	Payee name Big Lots Payee address; City; State; Zip Code 715 W Lamar Blvd Arlington, TX 76011	Amount (\$) \$69.01
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: 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 05/21/2009	Payee name Blue Cross Blue Shield of Texas Payee address; City; State; Zip Code PO Box 660049 Dallas, TX 75266	Amount (\$) \$2,297.31
Purpose of payment (See instructions regarding type of information required.) Benefits: Health Insurance (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 06/30/2009	Payee name Blue Cross Blue Shield of Texas Payee address; City; State; Zip Code PO Box 660049 Dallas, TX 75266	Amount (\$) \$505.63
Purpose of payment (See instructions regarding type of information required.) Benefits: Health Insurance (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: 10/60 Report: 52/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/16/2009	5 Payee name Budget Car Rental 6 Payee address; City; State; Zip Code 3210 Grimes Ave Harlingen, TX 78550	7 Amount (\$) \$140.39
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Clay Robison: Car rental (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 04/25/2009	Payee name Budget Rental Car Payee address; City; State; Zip Code 7712 Airport Blvd Houston, TX 77061	Amount (\$) \$202.83
Purpose of payment (See instructions regarding type of information required.) Reimburse Adam Longley: Car rental (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 06/25/2009	Payee name Buyers Barricades Inc. Payee address; City; State; Zip Code 3705 E 1st St Fort Worth, TX 76111	Amount (\$) \$110.00
Purpose of payment (See instructions regarding type of information required.) Event expense (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 06/30/2009	Payee name Cagle Steaks Payee address; City; State; Zip Code 118 Inler Ave Lubbock, TX 79416	Amount (\$) \$96.77
Purpose of payment (See instructions regarding type of information required.) Business meeting (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: 11/60 Report: 53/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 04/29/2009	5 Payee name Carroll Printing & Promotions <hr/> 6 Payee address; City; State; Zip Code 2907 Canal St Houston, TX 77003	7 Amount (\$) \$1,391.01
8 Purpose of payment (See instructions regarding type of information required.) Printing (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 05/15/2009	Payee name Carroll Printing & Promotions <hr/> Payee address; City; State; Zip Code 2907 Canal St Houston, TX 77003	Amount (\$) \$5,167.49
Purpose of payment (See instructions regarding type of information required.) Printing (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 06/12/2009	Payee name Carroll Printing & Promotions <hr/> Payee address; City; State; Zip Code 2907 Canal St Houston, TX 77003	Amount (\$) \$2,502.57
Purpose of payment (See instructions regarding type of information required.) Printing (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 06/15/2009	Payee name Carroll Printing & Promotions <hr/> Payee address; City; State; Zip Code 2907 Canal St Houston, TX 77003	Amount (\$) \$530.43
Purpose of payment (See instructions regarding type of information required.) Printing (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: 12/60 Report: 54/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/25/2009	5 Payee name Carroll Printing & Promotions <hr/> 6 Payee address; City; State; Zip Code 2907 Canal St Houston, TX 77003	7 Amount (\$) \$8,222.04
8 Purpose of payment (See instructions regarding type of information required.) Printing (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 05/29/2009	Payee name Catoico Capital Care, LLC <hr/> Payee address; City; State; Zip Code 777 Main St, Ste 3250 Fort Worth, TX 76102	Amount (\$) \$10,400.00
Purpose of payment (See instructions regarding type of information required.) Accounting services (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 04/24/2009	Payee name Central Parking System <hr/> Payee address; City; State; Zip Code 711 Commerce St Fort Worth, TX 76102	Amount (\$) \$4.50
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: 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:
Date 04/24/2009	Payee name Central Parking System <hr/> Payee address; City; State; Zip Code 711 Commerce St Fort Worth, TX 76102	Amount (\$) \$6.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: 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: 13/60 Report: 55/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 04/28/2009	5 Payee name Central Parking System 6 Payee address; City; State; Zip Code 711 Commerce St Fort Worth, TX 76102	7 Amount (\$) \$7.50
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: Parking (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 04/29/2009	Payee name Central Parking System Payee address; City; State; Zip Code 711 Commerce St Fort Worth, TX 76102	Amount (\$) \$6.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: 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:
Date 05/12/2009	Payee name Central Parking System Payee address; City; State; Zip Code 711 Commerce St Fort Worth, TX 76102	Amount (\$) \$12.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: 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:
Date 05/12/2009	Payee name Central Parking System Payee address; City; State; Zip Code 711 Commerce St Fort Worth, TX 76102	Amount (\$) \$4.50
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: 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: 14/60 Report: 56/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/11/2009	5 Payee name Central Parking System 6 Payee address; City; State; Zip Code 711 Commerce St Fort Worth, TX 76102	7 Amount (\$) \$3.00
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: Parking (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 06/19/2009	Payee name Central Parking System Payee address; City; State; Zip Code 711 Commerce St Fort Worth, TX 76102	Amount (\$) \$12.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Jack Holder: 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:
Date 06/23/2009	Payee name Central Parking System Payee address; City; State; Zip Code 711 Commerce St Fort Worth, TX 76102	Amount (\$) \$4.50
Purpose of payment (See instructions regarding type of information required.) Reimburse Jack Holder: 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:
Date 06/26/2009	Payee name Central Parking System Payee address; City; State; Zip Code 711 Commerce St Fort Worth, TX 76102	Amount (\$) \$1.50
Purpose of payment (See instructions regarding type of information required.) Reimburse Jack Holder: 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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/60 Report: 57/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/09/2009	5 Payee name Chevron 6 Payee address; City; State; Zip Code 2222 Louisiana Houston, TX 77002	7 Amount (\$) \$31.42
8 Purpose of payment (See instructions regarding type of information required.) Gas (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 06/13/2009	Payee name Chevron Payee address; City; State; Zip Code 3909 Congress Ave Austin, TX 78704	Amount (\$) \$43.27
Purpose of payment (See instructions regarding type of information required.) Gas (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 06/11/2009	Payee name Churrascaria Churrascos Ranch Payee address; City; State; Zip Code 4412 Montrose Blvd Houston, TX 77006	Amount (\$) \$703.53
Purpose of payment (See instructions regarding type of information required.) Business meeting (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 05/26/2009	Payee name Compuforms Data Products, Inc. Payee address; City; State; Zip Code PO Box 200485 Arlington, TX 76006	Amount (\$) \$65.34
Purpose of payment (See instructions regarding type of information required.) Printing (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:

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/60 Report: 58/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 05/29/2009	5 Payee name Compuforms Data Products, Inc. 6 Payee address; City; State; Zip Code PO Box 200485 Arlington, TX 76006	7 Amount (\$) \$463.91
8 Purpose of payment (See instructions regarding type of information required.) Printing (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 06/09/2009	Payee name Courtyard by Marriott Payee address; City; State; Zip Code 1500 Nolan Ryan St Arlington, TX 76011	Amount (\$) \$150.25
Purpose of payment (See instructions regarding type of information required.) Reimburse Clay Robison: 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 06/16/2009	Payee name Courtyard by Marriott Payee address; City; State; Zip Code 2131 S 10th St McAllen, TX 78503	Amount (\$) \$115.26
Purpose of payment (See instructions regarding type of information required.) Reimburse Clay Robison: 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 06/05/2009	Payee name Days Inn Galleria Payee address; City; State; Zip Code 3333 Fountain View Dr Houston, TX 77057	Amount (\$) \$335.75
Purpose of payment (See instructions regarding type of information required.) 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:

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/60 Report: 59/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/26/2009	5 Payee name Diamond Backs 6 Payee address; City; State; Zip Code 217 Mary Ave Waco, TX 76701	7 Amount (\$) \$210.28
8 Purpose of payment (See instructions regarding type of information required.) Business meeting (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 05/13/2009	Payee name Dollar Rent a Car Payee address; City; State; Zip Code 2500 S Bicentennial Blvd McAllen, TX 78503	Amount (\$) \$398.33
Purpose of payment (See instructions regarding type of information required.) Reimburse Adam Longley: Car rental (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 06/12/2009	Payee name Doubletree Guest Suites Payee address; City; State; Zip Code 5353 Westheimer Rd Houston, TX 77056	Amount (\$) \$912.24
Purpose of payment (See instructions regarding type of information required.) 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 06/25/2009	Payee name Doubletree Hotels Payee address; City; State; Zip Code 27 NE Loop 410 San Antonio, TX 78216	Amount (\$) \$176.32
Purpose of payment (See instructions regarding type of information required.) 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:

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/60 Report: 60/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/25/2009	5 Payee name Doubletree Hotels 6 Payee address; City; State; Zip Code 27 NE Loop 410 San Antonio, TX 78216	7 Amount (\$) \$419.96
8 Purpose of payment (See instructions regarding type of information required.) 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 06/25/2009	Payee name Doubletree Hotels Payee address; City; State; Zip Code 27 NE Loop 410 San Antonio, TX 78216	Amount (\$) \$200.30
Purpose of payment (See instructions regarding type of information required.) 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 06/25/2009	Payee name Doubletree Hotels Payee address; City; State; Zip Code 27 NE Loop 410 San Antonio, TX 78216	Amount (\$) \$184.37
Purpose of payment (See instructions regarding type of information required.) 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 04/16/2009	Payee name Embassy Suites Payee address; City; State; Zip Code 1800 S Second St McAllen, TX 78503	Amount (\$) \$356.74
Purpose of payment (See instructions regarding type of information required.) Reimburse Adam Longley: 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:

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/60 Report: 61/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/30/2009	5 Payee name Embassy Suites 6 Payee address; City; State; Zip Code 6100 Gateway East El Paso, TX 79905	7 Amount (\$) \$321.10
8 Purpose of payment (See instructions regarding type of information required.) 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 06/30/2009	Payee name Embassy Suites Payee address; City; State; Zip Code 6100 Gateway East El Paso, TX 79905	Amount (\$) \$317.37
Purpose of payment (See instructions regarding type of information required.) 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 06/30/2009	Payee name Embassy Suites Payee address; City; State; Zip Code 6100 Gateway East El Paso, TX 79905	Amount (\$) \$321.10
Purpose of payment (See instructions regarding type of information required.) Reimburse Clay Robison: 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 06/25/2009	Payee name Enterprise Rent-A-Car Payee address; City; State; Zip Code 10150 Hwy 281 North San Antonio, TX 78216	Amount (\$) \$144.73
Purpose of payment (See instructions regarding type of information required.) Car rental (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:

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/60 Report: 62/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/03/2009	5 Payee name Express EMPS 6 Payee address; City; State; Zip Code PO Box 6600 Hagerstown, MD 21740	7 Amount (\$) \$24.23
8 Purpose of payment (See instructions regarding type of information required.) Credit Card Service Fees (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 06/30/2009	Payee name Express EMPS Payee address; City; State; Zip Code PO Box 6600 Hagerstown, MD 21740	Amount (\$) \$138.49
Purpose of payment (See instructions regarding type of information required.) Credit Card Service Fees (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 06/30/2009	Payee name Express EMPS Payee address; City; State; Zip Code PO Box 6600 Hagerstown, MD 21740	Amount (\$) \$222.50
Purpose of payment (See instructions regarding type of information required.) Credit Card Service Fees (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 06/30/2009	Payee name Express EMPS Payee address; City; State; Zip Code PO Box 6600 Hagerstown, MD 21740	Amount (\$) \$12.10
Purpose of payment (See instructions regarding type of information required.) Credit Card Service Fees (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/60 Report: 63/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/08/2009	5 Payee name ExxonMobil 6 Payee address; City; State; Zip Code 16875 IH 35 S Ross, TX 76684	7 Amount (\$) \$38.25
8 Purpose of payment (See instructions regarding type of information required.) Gas (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 06/12/2009	Payee name ExxonMobil Payee address; City; State; Zip Code 5139 Woodway Houston, TX 77056	Amount (\$) \$40.47
Purpose of payment (See instructions regarding type of information required.) Gas (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 06/19/2009	Payee name Family Dollar Payee address; City; State; Zip Code 739 W Lamar Blvd Arlington, TX 76011	Amount (\$) \$69.12
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: 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 06/23/2009	Payee name Fearneyhough, Chris Payee address; City; State; Zip Code 3525 Marquita Dr Fort Worth, TX 76116	Amount (\$) \$160.00
Purpose of payment (See instructions regarding type of information required.) Security services (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/60 Report: 64/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 05/07/2009	5 Payee name Fed Ex 6 Payee address; City; State; Zip Code 3875 Airways, Module H-3, Dept 4634 Memphis, TN 38116	7 Amount (\$) \$13.90
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: Shipping (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 05/11/2009	Payee name Fed Ex Payee address; City; State; Zip Code 3875 Airways, Module H-3, Dept 4634 Memphis, TN 38116	Amount (\$) \$21.06
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: Shipping (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 05/21/2009	Payee name Fed Ex Payee address; City; State; Zip Code 3875 Airways, Module H-3, Dept 4634 Memphis, TN 38116	Amount (\$) \$59.80
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: Shipping (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 05/02/2009	Payee name FedEx Kinko's Payee address; City; State; Zip Code 1401 W Interstate 20 Arlington, TX 76017	Amount (\$) \$2.92
Purpose of payment (See instructions regarding type of information required.) Reimburse Rhonda Houston: Copies (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/60 Report: 65/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/19/2009	5 Payee name FedEx Kinko's 6 Payee address; City; State; Zip Code 6020 Camp Bowie Blvd Fort Worth, TX 76116	7 Amount (\$) \$38.97
8 Purpose of payment (See instructions regarding type of information required.) Printing (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 04/22/2009	Payee name Frost Bank Payee address; City; State; Zip Code 777 Main St Fort Worth, TX 76102	Amount (\$) \$28.15
Purpose of payment (See instructions regarding type of information required.) Printing: Checks (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 04/22/2009	Payee name Frost Bank Payee address; City; State; Zip Code 777 Main St Fort Worth, TX 76102	Amount (\$) \$92.01
Purpose of payment (See instructions regarding type of information required.) Printing: Checks (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 05/18/2009	Payee name Frost Bank Payee address; City; State; Zip Code 777 Main St Fort Worth, TX 76102	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) Bank fees (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/60 Report: 66/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/23/2009	5 Payee name Fun Factory Events 6 Payee address; City; State; Zip Code 3366 Miller Park South Garland, TX 75042	7 Amount (\$) \$4,203.50
8 Purpose of payment (See instructions regarding type of information required.) Event expense (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 05/26/2009	Payee name Fundraising Management Group, LLC Payee address; City; State; Zip Code 5206 Ridgefield Rd Bethesda, MD 20816	Amount (\$) \$7,500.00
Purpose of payment (See instructions regarding type of information required.) Consulting: Fundraising (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 06/29/2009	Payee name Gordon Boswell Flowers Payee address; City; State; Zip Code 1220 Pennsylvania Ave Fort Worth, TX 76104	Amount (\$) \$81.13
Purpose of payment (See instructions regarding type of information required.) Flowers for event hosts (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 06/23/2009	Payee name Graphics2 Payee address; City; State; Zip Code 507 S Main St Fort Worth, TX 76104	Amount (\$) \$362.83
Purpose of payment (See instructions regarding type of information required.) Printing (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

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/60 Report: 67/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 05/27/2009	5 Payee name Greene HD Productions, Inc. 6 Payee address; City; State; Zip Code 6724 Calendar Rd Arlington, TX 76001	7 Amount (\$) \$8,500.00
8 Purpose of payment (See instructions regarding type of information required.) Video services (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 06/25/2009	Payee name Grube, John Payee address; City; State; Zip Code 12713 Walden Rd Montgomery, TX 77356	Amount (\$) \$288.80
Purpose of payment (See instructions regarding type of information required.) Reimburse John Grube: Mileage (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 06/30/2009	Payee name Grube, John Payee address; City; State; Zip Code 12713 Walden Rd Montgomery, TX 77356	Amount (\$) \$1,025.96
Purpose of payment (See instructions regarding type of information required.) 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 06/30/2009	Payee name Grube, John Payee address; City; State; Zip Code 12713 Walden Rd Montgomery, TX 77356	Amount (\$) \$69.20
Purpose of payment (See instructions regarding type of information required.) Reimburse John Grube: Mileage (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

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/60 Report: 68/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/24/2009	5 Payee name Hampton Inn 6 Payee address; City; State; Zip Code 2700 Green Oaks Rd Fort Worth, TX 76116	7 Amount (\$) \$171.35
8 Purpose of payment (See instructions regarding type of information required.) 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 06/24/2009	Payee name Hampton Inn Payee address; City; State; Zip Code 2700 Green Oaks Rd Fort Worth, TX 76116	Amount (\$) \$544.43
Purpose of payment (See instructions regarding type of information required.) Reimburse Clay Robison: 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 06/23/2009	Payee name Harrell, Fredrick Payee address; City; State; Zip Code 3525 Marquita Dr Fort Worth, TX 76116	Amount (\$) \$160.00
Purpose of payment (See instructions regarding type of information required.) Security services (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 05/26/2009	Payee name Hedgepeth, Jane Payee address; City; State; Zip Code 1339 Bonham Terrace Austin, TX 78704	Amount (\$) \$3,000.00
Purpose of payment (See instructions regarding type of information required.) Consulting: Reporting and compliance (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

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/60 Report: 69/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/30/2009	5 Payee name Holder, Jack 6 Payee address; City; State; Zip Code P.O. Box 210785 Bedford, TX 76095	7 Amount (\$) \$46.53
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Jack Holder: Mileage (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 06/30/2009	Payee name Holder, Jack Payee address; City; State; Zip Code P.O. Box 210785 Bedford, TX 76095	Amount (\$) \$1,563.02
Purpose of payment (See instructions regarding type of information required.) 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 06/19/2009	Payee name Home Depot Payee address; City; State; Zip Code 201 Road to Six Flags Arlington, TX 76011	Amount (\$) \$53.85
Purpose of payment (See instructions regarding type of information required.) Reimburse Kevin Ryan: 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 06/19/2009	Payee name Home Depot Payee address; City; State; Zip Code 201 Road to Six Flags Arlington, TX 76011	Amount (\$) \$17.95
Purpose of payment (See instructions regarding type of information required.) Reimburse Kevin Ryan: 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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/60 Report: 70/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/20/2009	5 Payee name Home Depot 6 Payee address; City; State; Zip Code 201 Road to Six Flags Arlington, TX 76011	7 Amount (\$) \$13.65
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: 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 06/27/2009	Payee name Home Depot Payee address; City; State; Zip Code 201 Road to Six Flags West Arlington, TX 76011	Amount (\$) \$21.54
Purpose of payment (See instructions regarding type of information required.) 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 06/27/2009	Payee name Home Depot Payee address; City; State; Zip Code 202 Road to Six Flags West Arlington, TX 76012	Amount (\$) \$17.06
Purpose of payment (See instructions regarding type of information required.) 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 04/30/2009	Payee name Houston, LaRhonda Payee address; City; State; Zip Code 6440 Forest Knoll Tr Dallas, TX 75232	Amount (\$) \$3,892.72
Purpose of payment (See instructions regarding type of information required.) 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:

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/60 Report: 71/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 05/13/2009	5 Payee name Houston, LaRhonda <hr/> 6 Payee address; City; State; Zip Code 6440 Forest Knoll Tr Dallas, TX 75232	7 Amount (\$) \$205.70
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Rhonda Houston: Mileage (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 05/15/2009	Payee name Houston, LaRhonda <hr/> Payee address; City; State; Zip Code 6440 Forest Knoll Tr Dallas, TX 75232	Amount (\$) \$2,859.58
Purpose of payment (See instructions regarding type of information required.) 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 05/29/2009	Payee name Houston, LaRhonda <hr/> Payee address; City; State; Zip Code 6440 Forest Knoll Tr Dallas, TX 75232	Amount (\$) \$2,859.58
Purpose of payment (See instructions regarding type of information required.) 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 06/15/2009	Payee name Houston, LaRhonda <hr/> Payee address; City; State; Zip Code 6440 Forest Knoll Tr Dallas, TX 75232	Amount (\$) \$2,859.58
Purpose of payment (See instructions regarding type of information required.) 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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 30/60 Report: 72/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/25/2009	5 Payee name Houston, LaRhonda 6 Payee address; City; State; Zip Code 6440 Forest Knoll Tr Dallas, TX 75232	7 Amount (\$) \$308.55
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Rhonda Houston: Mileage (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 06/30/2009	Payee name Houston, LaRhonda Payee address; City; State; Zip Code 6440 Forest Knoll Tr Dallas, TX 75232	Amount (\$) \$2,796.16
Purpose of payment (See instructions regarding type of information required.) 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 06/30/2009	Payee name Houston, LaRhonda Payee address; City; State; Zip Code 6440 Forest Knoll Tr Dallas, TX 75232	Amount (\$) \$206.91
Purpose of payment (See instructions regarding type of information required.) Reimburse Rhonda Houston: Mileage (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 05/29/2009	Payee name Insurors of Texas Payee address; City; State; Zip Code PO Box 2683 Waco, TX 76702	Amount (\$) \$1,274.00
Purpose of payment (See instructions regarding type of information required.) Insurance (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 31/60 Report: 73/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/17/2009	5 Payee name Insurors of Texas 6 Payee address; City; State; Zip Code PO Box 2683 Waco, TX 76702	7 Amount (\$) \$2,263.00
8 Purpose of payment (See instructions regarding type of information required.) Insurance (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 06/23/2009	Payee name J&S Audio Visual Payee address; City; State; Zip Code 9150 N Royal Ln, Suite 100 Irving, TX 75063	Amount (\$) \$835.69
Purpose of payment (See instructions regarding type of information required.) Event expense (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 06/25/2009	Payee name J&S Audio Visual Payee address; City; State; Zip Code 9150 N Royal Ln, Suite 100 Irving, TX 75063	Amount (\$) \$835.69
Purpose of payment (See instructions regarding type of information required.) Event expense (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 05/31/2009	Payee name Jason's Deli Payee address; City; State; Zip Code 6244 Camp Bowie Dr Fort Worth, TX 76116	Amount (\$) \$121.24
Purpose of payment (See instructions regarding type of information required.) Business meeting (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 32/60 Report: 74/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/02/2009	5 Payee name Jason's Deli 6 Payee address; City; State; Zip Code 6244 Camp Bowie Dr Fort Worth, TX 76116	7 Amount (\$) \$5.00
8 Purpose of payment (See instructions regarding type of information required.) Business meeting (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 06/02/2009	Payee name Jason's Deli Payee address; City; State; Zip Code 6244 Camp Bowie Dr Fort Worth, TX 76116	Amount (\$) \$55.51
Purpose of payment (See instructions regarding type of information required.) Business meeting (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 06/23/2009	Payee name Kiser, Rex Payee address; City; State; Zip Code 3525 Marquita Dr Fort Worth, TX 76116	Amount (\$) \$160.00
Purpose of payment (See instructions regarding type of information required.) Security services (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 06/27/2009	Payee name Kool Keg Payee address; City; State; Zip Code 501 East South St Arlington, TX 76010	Amount (\$) \$420.82
Purpose of payment (See instructions regarding type of information required.) Event expense (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/60 Report: 75/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/30/2009	5 Payee name Kramer, Thomas 6 Payee address; City; State; Zip Code 221 W Lancaster Ave, #8006 Fort Worth, TX 76102	7 Amount (\$) \$2,265.77
8 Purpose of payment (See instructions regarding type of information required.) 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 06/26/2009	Payee name La Posada Hotel Payee address; City; State; Zip Code 1000 Zaragoza St Laredo, TX 78040	Amount (\$) \$124.26
Purpose of payment (See instructions regarding type of information required.) 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 06/26/2009	Payee name La Posada Hotel Payee address; City; State; Zip Code 1000 Zaragoza St Laredo, TX 78040	Amount (\$) \$318.46
Purpose of payment (See instructions regarding type of information required.) 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 06/26/2009	Payee name La Posada Hotel Payee address; City; State; Zip Code 1000 Zaragoza St Laredo, TX 78040	Amount (\$) \$124.26
Purpose of payment (See instructions regarding type of information required.) 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:

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/60 Report: 76/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/26/2009	5 Payee name La Posada Hotel 6 Payee address; City; State; Zip Code 1000 Zaragoza St Laredo, TX 78040	7 Amount (\$) \$124.26
8 Purpose of payment (See instructions regarding type of information required.) 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 06/16/2009	Payee name La Quinta Inn Ft Worth Med Ctr Payee address; City; State; Zip Code 7888 I-30 West White Settlement, TX 76108	Amount (\$) \$66.11
Purpose of payment (See instructions regarding type of information required.) Reimburse Tom Kramer: Relocation 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 06/24/2009	Payee name Lambert's Payee address; City; State; Zip Code 2731 White Settlement Rd Fort Worth, TX 76109	Amount (\$) \$164.90
Purpose of payment (See instructions regarding type of information required.) Business meeting (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 05/12/2009	Payee name Law Office of Susan Hays, P.C. Payee address; City; State; Zip Code 2911 Turtle Creek Blvd, Ste 940 Dallas, TX 75219	Amount (\$) \$5,050.00
Purpose of payment (See instructions regarding type of information required.) Legal services (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 35/60 Report: 77/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/05/2009	5 Payee name Law Office of Susan Hays, P.C. <hr/> 6 Payee address; City; State; Zip Code 2911 Turtle Creek Blvd, Ste 940 Dallas, TX 75219	7 Amount (\$) \$3,400.00
8 Purpose of payment (See instructions regarding type of information required.) Legal services (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 06/23/2009	Payee name LComm Marketing & PR <hr/> Payee address; City; State; Zip Code 4237 Calmont Ave Fort Worth, TX 76107	Amount (\$) \$4,050.00
Purpose of payment (See instructions regarding type of information required.) Event expense (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 06/22/2009	Payee name Lone Star Banners and Flags <hr/> Payee address; City; State; Zip Code 212 S Main St Fort Worth, TX 76104	Amount (\$) \$257.10
Purpose of payment (See instructions regarding type of information required.) Texas 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 04/30/2009	Payee name Longley, Jay Adam <hr/> Payee address; City; State; Zip Code 1706 Ullrich Ave Austin, TX 78756	Amount (\$) \$1,466.84
Purpose of payment (See instructions regarding type of information required.) 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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 36/60 Report: 78/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 05/13/2009	5 Payee name Longley, Jay Adam 6 Payee address; City; State; Zip Code 1706 Ullrich Ave Austin, TX 78756	7 Amount (\$) \$297.00
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Adam Longley: Mileage (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 05/15/2009	Payee name Longley, Jay Adam Payee address; City; State; Zip Code 1706 Ullrich Ave Austin, TX 78756	Amount (\$) \$1,234.65
Purpose of payment (See instructions regarding type of information required.) 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 05/29/2009	Payee name Longley, Jay Adam Payee address; City; State; Zip Code 1706 Ullrich Ave Austin, TX 78756	Amount (\$) \$1,234.65
Purpose of payment (See instructions regarding type of information required.) 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 06/15/2009	Payee name Longley, Jay Adam Payee address; City; State; Zip Code 1706 Ullrich Ave Austin, TX 78756	Amount (\$) \$1,234.65
Purpose of payment (See instructions regarding type of information required.) 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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 37/60 Report: 79/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/30/2009	5 Payee name Longley, Jay Adam 6 Payee address; City; State; Zip Code 1706 Ullrich Ave Austin, TX 78756	7 Amount (\$) \$1,158.41
8 Purpose of payment (See instructions regarding type of information required.) 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 06/30/2009	Payee name Longley, Jay Adam Payee address; City; State; Zip Code 1706 Ullrich Ave Austin, TX 78756	Amount (\$) \$316.80
Purpose of payment (See instructions regarding type of information required.) Reimburse Adam Longley: Mileage (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 05/07/2009	Payee name Maudie's Too Payee address; City; State; Zip Code 1212 S Lamar Austin, TX 78703	Amount (\$) \$59.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: Staff lunch (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 06/29/2009	Payee name Mesa Street Grill Payee address; City; State; Zip Code 2525 N Mesa St El Paso, TX 79903	Amount (\$) \$139.81
Purpose of payment (See instructions regarding type of information required.) Business meeting (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 38/60 Report: 80/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/24/2009	5 Payee name Mi Tierra 6 Payee address; City; State; Zip Code 218 Produce Row San Antonio, TX 78207	7 Amount (\$) \$79.09
8 Purpose of payment (See instructions regarding type of information required.) Business meeting (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 04/14/2009	Payee name Microsoft Store Payee address; City; State; Zip Code One Microsoft Way Redmond, WA 98052	Amount (\$) \$119.02
Purpose of payment (See instructions regarding type of information required.) Reimburse Adam Longley: Software (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 06/23/2009	Payee name Morquecho, Andy Payee address; City; State; Zip Code 3525 Marquita Dr Fort Worth, TX 76116	Amount (\$) \$160.00
Purpose of payment (See instructions regarding type of information required.) Security services (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 04/17/2009	Payee name NGP Software, Inc. Payee address; City; State; Zip Code 1225 Eye Street NW, Ste 1225 Washington, DC 20005	Amount (\$) \$3,700.00
Purpose of payment (See instructions regarding type of information required.) Technology: Software and support (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39/60 Report: 81/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 04/24/2009	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 3107 Camp Wisdom Rd Dallas, TX 75237	7 Amount (\$) \$56.27
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Rhonda Houston: 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 05/04/2009	Payee name Office Depot Payee address; City; State; Zip Code 6680 W Freeway Fort Worth, TX 76102	Amount (\$) \$348.45
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: 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 05/06/2009	Payee name Office Depot Payee address; City; State; Zip Code 2101 S Lamar Austin, TX 78704	Amount (\$) \$4.32
Purpose of payment (See instructions regarding type of information required.) Reimburse Emily Williams: 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 06/04/2009	Payee name Office Depot Payee address; City; State; Zip Code 6680 W Freeway Fort Worth, TX 76102	Amount (\$) \$103.89
Purpose of payment (See instructions regarding type of information required.) 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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 40/60 Report: 82/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/05/2009	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 401 Carroll St Fort Worth, TX 76107	7 Amount (\$) \$68.70
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Emily Williams: 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 06/17/2009	Payee name Office Depot Payee address; City; State; Zip Code 1050 N IH 35, #800 New Braunfels, TX 78130	Amount (\$) \$419.79
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: 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 06/19/2009	Payee name Office Depot Payee address; City; State; Zip Code 2501 E Randol Mill Rd Arlington, TX 76011	Amount (\$) \$203.80
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: 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 06/19/2009	Payee name Office Depot Payee address; City; State; Zip Code 2501 E Randol Mill Rd Arlington, TX 76011	Amount (\$) \$10.69
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: 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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 41/60 Report: 83/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/22/2009	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 6680 W Freeway Fort Worth, TX 76116	7 Amount (\$) \$36.74
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Clay Robison: 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 04/21/2009	Payee name Office Max Payee address; City; State; Zip Code 907 W Fifth St Austin, TX 78703	Amount (\$) \$12.75
Purpose of payment (See instructions regarding type of information required.) Reimburse Adam Longley: 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 05/18/2009	Payee name Office Max Payee address; City; State; Zip Code 907 W 5th St Austin, TX 78703	Amount (\$) \$39.50
Purpose of payment (See instructions regarding type of information required.) Reimburse Emily Williams: 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 06/15/2009	Payee name Office Max Payee address; City; State; Zip Code 907 W Fifth St Austin, TX 78703	Amount (\$) \$206.79
Purpose of payment (See instructions regarding type of information required.) 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:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 42/60 Report: 84/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 05/25/2009	5 Payee name OnlinePhoneStore 6 Payee address; City; State; Zip Code 34 34th St, 3rd Floor Brooklyn, NY 11232	7 Amount (\$) \$136.92
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: Office equipment (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 03/24/2009	Payee name Original Ninfa's On Navigation Payee address; City; State; Zip Code 2704 Navigation Houston, TX 77003	Amount (\$) \$91.11
Purpose of payment (See instructions regarding type of information required.) Reimburse Adam Longley: Food & beverage (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 05/22/2009	Payee name Phi Beta Sigma Fraternity Payee address; City; State; Zip Code 3309 Raleigh Dr Fort Worth, TX 76123	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) Event sponsorship (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 06/10/2009	Payee name Pirates Landing Restaurant Payee address; City; State; Zip Code 110 S Garcia St Port Isabel, TX 78578	Amount (\$) \$75.75
Purpose of payment (See instructions regarding type of information required.) Business meeting (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 43/60 Report: 85/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 05/27/2009	5 Payee name Premiere Global Services 6 Payee address; City; State; Zip Code PO Box 404351 Atlanta, GA 30384	7 Amount (\$) \$268.56
8 Purpose of payment (See instructions regarding type of information required.) Conference call services (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 06/17/2009	Payee name Premiere Global Services Payee address; City; State; Zip Code PO Box 404351 Atlanta, GA 30384	Amount (\$) \$197.09
Purpose of payment (See instructions regarding type of information required.) Conference call services (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 06/12/2009	Payee name Premium Postcard Payee address; City; State; Zip Code 8300 E Raintree Dr, Ste 201 Scottsdale, AZ 85260	Amount (\$) \$830.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: Mailing (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 06/15/2009	Payee name Premium Postcard Payee address; City; State; Zip Code 8300 E Raintree Dr, Ste 201 Scottsdale, AZ 85260	Amount (\$) \$996.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: Mailing (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 44/60 Report: 86/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date	5 Payee name QuikTrip	7 Amount (\$)
06/13/2009	6 Payee address; City; State; Zip Code 6301 Westworth Blvd Westworth Village, TX 76114	\$37.64
8 Purpose of payment (See instructions regarding type of information required.) Gas (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 QuikTrip	Amount (\$)
06/23/2009	Payee address; City; State; Zip Code 6301 Westworth Blvd Westworth Village, TX 76114	\$28.73
Purpose of payment (See instructions regarding type of information required.) Gas (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 QuikTrip	Amount (\$)
06/26/2009	Payee address; City; State; Zip Code 6301 Westworth Blvd Westworth Village, TX 76114	\$29.14
Purpose of payment (See instructions regarding type of information required.) Gas (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 Quorum Report	Amount (\$)
05/29/2009	Payee address; City; State; Zip Code PO Box 8 Austin, TX 78767	\$324.75
Purpose of payment (See instructions regarding type of information required.) Subscription services (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 45/60 Report: 87/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 05/25/2009	5 Payee name Rackspace 6 Payee address; City; State; Zip Code 9725 Datapoint Dr, Ste 100 San Antonio, TX 78229	7 Amount (\$) \$150.00
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: Web services (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 06/09/2009	Payee name Rally for Education, Inc. Payee address; City; State; Zip Code 209 S Jennings Ave Fort Worth, TX 76104	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Donations: Charitable (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 04/30/2009	Payee name Robison, William Clay Payee address; City; State; Zip Code 6514 Santolina Cove Austin, TX 78731	Amount (\$) \$6,325.50
Purpose of payment (See instructions regarding type of information required.) 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 05/15/2009	Payee name Robison, William Clay Payee address; City; State; Zip Code 6514 Santolina Cove Austin, TX 78731	Amount (\$) \$3,201.81
Purpose of payment (See instructions regarding type of information required.) 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:

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 46/60 Report: 88/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 05/29/2009	5 Payee name Robison, William Clay 6 Payee address; City; State; Zip Code 6514 Santolina Cove Austin, TX 78731	7 Amount (\$) \$3,201.81
8 Purpose of payment (See instructions regarding type of information required.) 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 06/15/2009	Payee name Robison, William Clay Payee address; City; State; Zip Code 6514 Santolina Cove Austin, TX 78731	Amount (\$) \$3,201.81
Purpose of payment (See instructions regarding type of information required.) 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 06/25/2009	Payee name Robison, William Clay Payee address; City; State; Zip Code 6514 Santolina Cove Austin, TX 78731	Amount (\$) \$209.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Clay Robison: Mileage (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 06/30/2009	Payee name Robison, William Clay Payee address; City; State; Zip Code 6514 Santolina Cove Austin, TX 78731	Amount (\$) \$206.25
Purpose of payment (See instructions regarding type of information required.) Reimburse Clay Robison: Mileage (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:

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 47/60 Report: 89/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/30/2009	5 Payee name Robison, William Clay 6 Payee address; City; State; Zip Code 6514 Santolina Cove Austin, TX 78731	7 Amount (\$) \$2,938.63
8 Purpose of payment (See instructions regarding type of information required.) 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 06/15/2009	Payee name Rodriguez, Francisco Payee address; City; State; Zip Code 14122 Lake Scene Tr Houston, TX 77059	Amount (\$) \$1,064.08
Purpose of payment (See instructions regarding type of information required.) 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 06/30/2009	Payee name Rodriguez, Francisco Payee address; City; State; Zip Code 14122 Lake Scene Tr Houston, TX 77059	Amount (\$) \$987.85
Purpose of payment (See instructions regarding type of information required.) 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 06/15/2009	Payee name Schieffer, Paul Payee address; City; State; Zip Code 700 S 1st Street, Apt 208 Austin, TX 78704	Amount (\$) \$1,211.83
Purpose of payment (See instructions regarding type of information required.) 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:

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 48/60 Report: 90/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/30/2009	5 Payee name Schieffer, Paul 6 Payee address; City; State; Zip Code 700 S 1st Street, Apt 208 Austin, TX 78704	7 Amount (\$) \$1,135.60
8 Purpose of payment (See instructions regarding type of information required.) 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 03/25/2009	Payee name Sealy Shell Payee address; City; State; Zip Code 2010 Hwy 36 S Sealy, TX 77474	Amount (\$) \$23.71
Purpose of payment (See instructions regarding type of information required.) Reimburse Adam Longley: Gas (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 06/16/2009	Payee name Shell Payee address; City; State; Zip Code 1441 Gardiner St Malvern, AR 72104	Amount (\$) \$40.20
Purpose of payment (See instructions regarding type of information required.) Reimburse Tom Kramer: Relocation gas (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 06/17/2009	Payee name Shell Oil Payee address; City; State; Zip Code 105 N College West, TX 76691	Amount (\$) \$31.22
Purpose of payment (See instructions regarding type of information required.) Gas (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 49/60 Report: 91/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/19/2009	5 Payee name Shell Oil 6 Payee address; City; State; Zip Code 3439 Oaklawn Dallas, TX 75219	7 Amount (\$) \$42.76
8 Purpose of payment (See instructions regarding type of information required.) Gas (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 06/30/2009	Payee name Simkin, Jill Payee address; City; State; Zip Code 5035 Fort Clark Austin, TX 78745	Amount (\$) \$656.73
Purpose of payment (See instructions regarding type of information required.) 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 06/29/2009	Payee name Smokin Chips BBQ & Catering Payee address; City; State; Zip Code 5840 W Interstate 20, Ste 140 Arlington, TX 76017	Amount (\$) \$1,600.00
Purpose of payment (See instructions regarding type of information required.) Event expense (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 06/01/2009	Payee name Southwest Airlines Payee address; City; State; Zip Code P.O. Box 36647 - 1CR Dallas, TX 75235	Amount (\$) \$229.70
Purpose of payment (See instructions regarding type of information required.) Airfare (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 50/60 Report: 92/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/03/2009	5 Payee name Southwest Airlines 6 Payee address; City; State; Zip Code P.O. Box 36647 - 1CR Dallas, TX 75235	7 Amount (\$) \$209.70
8 Purpose of payment (See instructions regarding type of information required.) Airfare (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 06/05/2009	Payee name Southwest Airlines Payee address; City; State; Zip Code P.O. Box 36647 - 1CR Dallas, TX 75235	Amount (\$) \$34.10
Purpose of payment (See instructions regarding type of information required.) Airfare (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 06/14/2009	Payee name Southwest Airlines Payee address; City; State; Zip Code P.O. Box 36647 - 1CR Dallas, TX 75235	Amount (\$) \$296.30
Purpose of payment (See instructions regarding type of information required.) Reimburse Clay Robison: Airfare (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 06/24/2009	Payee name Southwest Airlines Payee address; City; State; Zip Code P.O. Box 36647 - 1CR Dallas, TX 75235	Amount (\$) \$152.20
Purpose of payment (See instructions regarding type of information required.) Airfare (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

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 51/60 Report: 93/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/24/2009	5 Payee name Southwest Airlines 6 Payee address; City; State; Zip Code P.O. Box 36647 - 1CR Dallas, TX 75235	7 Amount (\$) \$94.70
8 Purpose of payment (See instructions regarding type of information required.) Airfare (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 06/28/2009	Payee name Southwest Airlines Payee address; City; State; Zip Code P.O. Box 36647 - 1CR Dallas, TX 75235	Amount (\$) \$198.60
Purpose of payment (See instructions regarding type of information required.) Reimburse Clay Robison: Airfare (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 06/23/2009	Payee name Stahura, Eric Payee address; City; State; Zip Code 3525 Marquita Dr Fort Worth, TX 76116	Amount (\$) \$160.00
Purpose of payment (See instructions regarding type of information required.) Security services (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 05/09/2009	Payee name Staples Payee address; City; State; Zip Code 1141 N Burleson Blvd Burleson, TX 76028	Amount (\$) \$418.77
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: 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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 52/60 Report: 94/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date	5 Payee name Target	7 Amount (\$)
05/25/2009	6 Payee address; City; State; Zip Code 122 # IH 20 Weatherford, TX 76087	\$248.96
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: 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	Payee name Target	Amount (\$)
06/29/2009	Payee address; City; State; Zip Code 2600 W 7th St Fort Worth, TX 76107	\$10.68
Purpose of payment (See instructions regarding type of information required.) Reimburse Tom Kramer: 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 Taylor's Rental Equipment	Amount (\$)
06/27/2009	Payee address; City; State; Zip Code 220 University Dr Fort Worth, TX 76107	\$335.58
Purpose of payment (See instructions regarding type of information required.) Event expense (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 Tech Fort Worth	Amount (\$)
05/22/2009	Payee address; City; State; Zip Code 1120 South Freeway Fort Worth, TX 76104	\$200.00
Purpose of payment (See instructions regarding type of information required.) Donations:Charitable (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

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 53/60 Report: 95/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 04/22/2009	5 Payee name Texas Democratic Party 6 Payee address; City; State; Zip Code 505 W 12th St, Ste 200 Austin, TX 78701	7 Amount (\$) \$2,500.00
8 Purpose of payment (See instructions regarding type of information required.) Political contribution (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 06/27/2009	Payee name The Fort Worth Jazz Orchestra Payee address; City; State; Zip Code PO Box 48875 Fort Worth, TX 76148	Amount (\$) \$1,300.00
Purpose of payment (See instructions regarding type of information required.) Event expense: Entertainment (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 06/12/2009	Payee name Traffic Engineering-City of Fort Worth Payee address; City; State; Zip Code 311 W. 10th Street Fort Worth, TX 76102	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Event expense (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 04/29/2009	Payee name Travis County Democratic Party Payee address; City; State; Zip Code 611 S Congress Ave, #125 Austin, TX 78704	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Political 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

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 54/60 Report: 96/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/25/2009	5 Payee name Trotter, Benjamin <hr/> 6 Payee address; City; State; Zip Code 2502 Riverside Dr, #424 Grand Prairie, TX 75050	7 Amount (\$) \$233.13
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Ben Trotter: Mileage (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 06/30/2009	Payee name Trotter, Benjamin <hr/> Payee address; City; State; Zip Code 2502 Riverside Dr, #424 Grand Prairie, TX 75050	Amount (\$) \$1,086.89
Purpose of payment (See instructions regarding type of information required.) 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 06/30/2009	Payee name Trotter, Benjamin <hr/> Payee address; City; State; Zip Code 2502 Riverside Dr, #424 Grand Prairie, TX 75050	Amount (\$) \$45.80
Purpose of payment (See instructions regarding type of information required.) Reimburse Ben Trotter: Mileage (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 06/10/2009	Payee name TXU Energy <hr/> Payee address; City; State; Zip Code PO Box 650700 Dallas, TX 75265	Amount (\$) \$890.00
Purpose of payment (See instructions regarding type of information required.) Utilities (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 55/60 Report: 97/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 05/14/2009	5 Payee name U.S. Post Office 6 Payee address; City; State; Zip Code 4450 Oak Park Lane Fort Worth, TX 76185	7 Amount (\$) \$44.00
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: 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 05/20/2009	Payee name U.S. Post Office Payee address; City; State; Zip Code 516 Ranch House Rd Willow Park, TX 76087	Amount (\$) \$44.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: 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 05/02/2009	Payee name Verizon Wireless Payee address; City; State; Zip Code PO Box 105378 Atlanta, GA 30348	Amount (\$) \$186.98
Purpose of payment (See instructions regarding type of information required.) Reimburse Rhonda Houston: Cell phone service (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 05/25/2009	Payee name Walmart Payee address; City; State; Zip Code 2801 E IH 20 Weatherford, TX 76087	Amount (\$) \$30.05
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: 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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 56/60 Report: 98/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 05/30/2009	5 Payee name Walmart 6 Payee address; City; State; Zip Code 721 Boyd Road Azle, TX 76020	7 Amount (\$) \$124.25
8 Purpose of payment (See instructions regarding type of information required.) 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 06/20/2009	Payee name Walmart Payee address; City; State; Zip Code 6770 Westworth Blvd Fort Worth, TX 76114	Amount (\$) \$282.49
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: 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 06/28/2009	Payee name Walmart Payee address; City; State; Zip Code 2801 East Interstate 20 Hudson Oaks, TX 76087	Amount (\$) \$146.34
Purpose of payment (See instructions regarding type of information required.) Event expense (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 06/23/2009	Payee name Watts, Chris Payee address; City; State; Zip Code 3525 Marquita Dr Fort Worth, TX 76116	Amount (\$) \$160.00
Purpose of payment (See instructions regarding type of information required.) Security services (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 57/60 Report: 99/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 04/30/2009	5 Payee name Williams, Emily <hr/> 6 Payee address; City; State; Zip Code 701 S 1st Street, Apt 208 Austin, TX 78704	7 Amount (\$) \$1,211.83
8 Purpose of payment (See instructions regarding type of information required.) 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 05/15/2009	Payee name Williams, Emily <hr/> Payee address; City; State; Zip Code 701 S 1st Street, Apt 208 Austin, TX 78704	Amount (\$) \$1,211.83
Purpose of payment (See instructions regarding type of information required.) 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 05/29/2009	Payee name Williams, Emily <hr/> Payee address; City; State; Zip Code 701 S 1st Street, Apt 208 Austin, TX 78704	Amount (\$) \$1,211.83
Purpose of payment (See instructions regarding type of information required.) 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 06/15/2009	Payee name Williams, Emily <hr/> Payee address; City; State; Zip Code 701 S 1st Street, Apt 208 Austin, TX 78704	Amount (\$) \$1,211.83
Purpose of payment (See instructions regarding type of information required.) 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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 58/60 Report: 100/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/17/2009	5 Payee name Williams, Emily 6 Payee address; City; State; Zip Code 701 S 1st Street, Apt 208 Austin, TX 78704	7 Amount (\$) \$246.87
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Emily Williams: Mileage (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 06/30/2009	Payee name Williams, Emily Payee address; City; State; Zip Code 701 S 1st Street, Apt 208 Austin, TX 78704	Amount (\$) \$417.45
Purpose of payment (See instructions regarding type of information required.) Reimburse Emily Williams: Mileage (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 06/30/2009	Payee name Williams, Emily Payee address; City; State; Zip Code 701 S 1st Street, Apt 208 Austin, TX 78704	Amount (\$) \$1,135.60
Purpose of payment (See instructions regarding type of information required.) 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 05/13/2009	Payee name Wing, Dorothy Payee address; City; State; Zip Code 717 Royal View Ct Fort Worth, TX 76087	Amount (\$) \$225.67
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: Mileage (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 59/60 Report: 101/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 05/15/2009	5 Payee name Wing, Dorothy <hr/> 6 Payee address; City; State; Zip Code 717 Royal View Ct Fort Worth, TX 76087	7 Amount (\$) \$3,063.03
8 Purpose of payment (See instructions regarding type of information required.) 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 05/29/2009	Payee name Wing, Dorothy <hr/> Payee address; City; State; Zip Code 717 Royal View Ct Fort Worth, TX 76087	Amount (\$) \$3,063.04
Purpose of payment (See instructions regarding type of information required.) 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 06/15/2009	Payee name Wing, Dorothy <hr/> Payee address; City; State; Zip Code 717 Royal View Ct Fort Worth, TX 76087	Amount (\$) \$3,063.03
Purpose of payment (See instructions regarding type of information required.) 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 06/25/2009	Payee name Wing, Dorothy <hr/> Payee address; City; State; Zip Code 717 Royal View Ct Fort Worth, TX 76087	Amount (\$) \$225.50
Purpose of payment (See instructions regarding type of information required.) Reimburse Dorothy Wing: Mileage (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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 60/60 Report: 102/103
2 FILER NAME Tom Schieffer for Governor, Inc.		3 ACCOUNT # (Ethics Commission filers) 00065434
4 Date 06/30/2009	5 Payee name Wing, Dorothy 6 Payee address; City; State; Zip Code 717 Royal View Ct Fort Worth, TX 76087	7 Amount (\$) \$2,999.62
8 Purpose of payment (See instructions regarding type of information required.) 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 04/17/2009	Payee name Wired For Change Payee address; City; State; Zip Code 1700 Connecticut Ave, NW, Ste 403 Washington, DC 20009	Amount (\$) \$800.00
Purpose of payment (See instructions regarding type of information required.) Technology: Website (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 06/17/2009	Payee name Wired For Change Payee address; City; State; Zip Code 1700 Connecticut Ave, NW, Ste 403 Washington, DC 20009	Amount (\$) \$486.00
Purpose of payment (See instructions regarding type of information required.) Technology: Website (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 06/23/2009	Payee name Woodson, Kevin Payee address; City; State; Zip Code 3525 Marquita Dr Fort Worth, TX 76116	Amount (\$) \$180.00
Purpose of payment (See instructions regarding type of information required.) Security services (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:

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 103/103

2 FILER NAME Tom Schieffer for Governor, Inc.

3 ACCOUNT # (Ethics Commission filers)
00065434

4 Date	5 Payor name	8 Amount (\$)
06/11/2009	Articulated Man, Inc. 6 Payor address; City; State; Zip Code 1508 W Sunnyside Ave Chicago, IL 60640 7 Reason for credit Refund	\$6,000.00
06/15/2009	Frost Bank Payor address; City; State; Zip Code 777 Main St Fort Worth, TX 76102 Reason for credit Service charge reversal	\$50.00