

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Eversole, Gerald

15 ACCOUNT # (Ethics Commission filers)
01080801

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 316,550.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 193.99
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4. TOTAL POLITICAL EXPENDITURES	\$ 276,253.85
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,852,586.98
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OUTSTANDING LOAN TOTALS

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

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/23 Report: 3/127	
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801	
4 Date 07/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adams, Kent 6 Contributor address; City; State; Zip Code 550 Fannin Suite 800 Beaumont, TX 77701	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)		10 Employer (See Instructions)	
Date 07/10/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aguirre, Oscar Contributor address; City; State; Zip Code 7502 Foster Creek Dr Houston, TX 77469	Amount of contribution (\$) \$625.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/31/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AIA Engineers LTD Contributor address; City; State; Zip Code 15310 Park Row Houston, TX 77084	Amount of contribution (\$) \$1,250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ainsworth, James Contributor address; City; State; Zip Code 3702 Glenhaven Houston, TX 77025-1205	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/18/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alexander, Willie Contributor address; City; State; Zip Code 50 Briar Hollow Suite 320 East Houston, TX 77027	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/23 Report: 4/127	
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801	
4 Date 07/02/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alleman, Susan 6 Contributor address; City; State; Zip Code 8323 Southwest Freeway Suite 200 Houston, TX 77074	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/15/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Angel, Greg Contributor address; City; State; Zip Code 5210 West Road Baytown, TX 77521	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)		Employer (See Instructions)	
Date 07/06/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arcadis G&M Inc PAC Contributor address; City; State; Zip Code 11490 Westheimer Suite 600 Houston, TX 77077	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/10/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aviles, Dionel Contributor address; City; State; Zip Code 5790 Windfern Houston, TX 77041	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)		Employer (See Instructions)	
Date 12/29/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker, Michael Contributor address; City; State; Zip Code 785 Greens Parkway Suite 100 Houston, TX 77076	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/23 Report: 6/127	
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801	
4 Date 08/08/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Canine, Jay 6 Contributor address; City; State; Zip Code 5757 Woodway Houston, TX 77057	7 Amount of contribution (\$) \$1,250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/09/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carter & Burgess LLP Contributor address; City; State; Zip Code 55 Waugh Drive Suite 800 Houston, TX 77007-5833	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/01/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chiang, John Contributor address; City; State; Zip Code 1800 West Loop South Suite 1300 Houston, TX 77027	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/10/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chiang Patel & Yerby Inc PAC Contributor address; City; State; Zip Code 2925 Briarpark Suite 850 Houston, TX 77056	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chou, Michael Contributor address; City; State; Zip Code 7322 Southwest Freeway Suite 470 Houston, TX 77074-2033	Amount of contribution (\$) \$625.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/23 Report: 7/127	
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801	
4 Date 07/18/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cibor, Joseph 6 Contributor address; City; State; Zip Code 6100 Hillcroft Houston, TX 77081	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CLR PAC Contributor address; City; State; Zip Code 7600 W Tidwell Suite 400 Houston, TX 77040	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)		Employer (See Instructions)	
Date 07/18/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cobb, C Harold Contributor address; City; State; Zip Code 11555 Clay Road Suite 100 Houston, TX 77043-1182	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)		Employer (See Instructions)	
Date 07/10/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Colwell, Joel Contributor address; City; State; Zip Code 5225 Katy Freeway Suite 400 Houston, TX 77007	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/18/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cunningham, Brian Contributor address; City; State; Zip Code 9822 Whithorn Dr Suite A Houston, TX 77095	Amount of contribution (\$) \$1,250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/23 Report: 9/127	
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801	
4 Date 07/20/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eastveld, Donald 6 Contributor address; City; State; Zip Code 15120 Northwest Freeway Suite 190 Houston, TX 77040	7 Amount of contribution (\$) \$10,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 08/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fairchild, Brian 6 Contributor address; City; State; Zip Code 7255 Langtry Suite 100 Houston, TX 77040	7 Amount of contribution (\$) \$1,250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fields, Richard 6 Contributor address; City; State; Zip Code 32 Bradford Cir Sugar Land, TX 77479	7 Amount of contribution (\$) \$625.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ford, George 6 Contributor address; City; State; Zip Code 1027 Mosher Lane Houston, TX 77088-1956	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Freese and Nichols PAC 6 Contributor address; City; State; Zip Code 2010 East Broadway Pearland, TX 77581	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/23 Report: 10/127	
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801	
4 Date 07/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Friedman, J Kent 6 Contributor address; City; State; Zip Code 1330 Post Oak Boulevard Suite 2000 Houston, TX 77056	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fuller, Glenn 6 Contributor address; City; State; Zip Code 17211 Houston Dr Cypress, TX 77433	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/18/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gajeske, Cheryl 6 Contributor address; City; State; Zip Code 7915 Westglen Drive Houston, TX 77063	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/03/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gay, Dick 6 Contributor address; City; State; Zip Code 10777 Westheimer Road Suite 400 Houston, TX 77042	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/18/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerber, Jeffrey 6 Contributor address; City; State; Zip Code 5555 San Felipe Suite 1000 Houston, TX 77056	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/23 Report: 12/127	
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801	
4 Date 07/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gunda, Ramesh 6 Contributor address; City; State; Zip Code 7322 Southwest Freeway Suite 1802 Houston, TX 77074	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/30/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hamilton, David Contributor address; City; State; Zip Code 1001 West Loop South Suite 200 Houston, TX 77027	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/01/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hamilton, John Contributor address; City; State; Zip Code 410 West Grand Parkway 4th Floor Katy, TX 77494	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/02/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harless, Patricia Contributor address; City; State; Zip Code One Stonegate Park Court Spring, TX 77379	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/18/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hausman, Craig Contributor address; City; State; Zip Code 13333 Northwest Freeway Suite 150 Houston, TX 77040	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/23 Report: 14/127	
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801	
4 Date 07/31/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hoover Slovacek LLP 6 Contributor address; City; State; Zip Code 5847 San Felipe Suite 2200 Houston, TX 77057	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Houston Council of Engineering Companies PAC Contributor address; City; State; Zip Code 2150 West 18th Street Suite 205 Houston, TX 77008	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/02/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hurwitz, Charles Contributor address; City; State; Zip Code 1330 Post Oak Blvd Suite 2000 Houston, TX 77056	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/21/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Larry Contributor address; City; State; Zip Code 5005 Riverway Suite 500 Houston, TX 77056	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joiner, Patricia Contributor address; City; State; Zip Code 8588 Katy Freeway Suite 441 Houston, TX 77024	Amount of contribution (\$) \$1,250.00	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: 13/23 Report: 15/127	
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801	
4 Date 07/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, James 6 Contributor address; City; State; Zip Code 6335 Gulfton Suite 100 Houston, TX 77081	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/18/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jordan, Peter 6 Contributor address; City; State; Zip Code 7322 S W Freeway Suite 470 Houston, TX 77074	7 Amount of contribution (\$) \$625.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joubran, Salim 6 Contributor address; City; State; Zip Code 11999 Katy Freeway Suite 340 Houston, TX 77079	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/03/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kennedy, Nathelyne 6 Contributor address; City; State; Zip Code 6100 Hillcroft Suite 710 Houston, TX 77081	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/18/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, James 6 Contributor address; City; State; Zip Code PO Box 549 Rosharon, TX 77583	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/23 Report: 16/127	
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801	
4 Date 07/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Klotz, D Wayne 6 Contributor address; City; State; Zip Code 1160 Dairy Ashford Suite 500 Houston, TX 77079	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kollaer, Jim 6 Contributor address; City; State; Zip Code 1 Riverway Suite 2500 Houston, TX 77056	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LanPac 6 Contributor address; City; State; Zip Code 2925 Briarpark Drive Houston, TX 77042	7 Amount of contribution (\$) \$1,250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/17/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lapsley, Thomas 6 Contributor address; City; State; Zip Code 2501 Central Parkway Suite A3 Tomball, TX 77092	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/12/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leggett, Philip 6 Contributor address; City; State; Zip Code 800 Peakwood 8B Houston, TX 77090	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/23 Report: 17/127	
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801	
4 Date 07/21/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lentz, Alfred 6 Contributor address; City; State; Zip Code 5703 Rockland Pearland, TX 77584	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leus, Kurt Contributor address; City; State; Zip Code 5650 Guhn Road Suite 118 Houston, TX 77040	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McConnell, Andrew Contributor address; City; State; Zip Code 21020 Park Row Katy, TX 77449	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/09/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDaniel, Terry Contributor address; City; State; Zip Code 5225 Katy Freeway Suite 400 Houston, TX 77007	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/05/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McLane, Drayton Contributor address; City; State; Zip Code PO Box 549 Temple, TX 76503	Amount of contribution (\$) \$2,500.00	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: 16/23 Report: 18/127	
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801	
4 Date 07/17/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McNair, Robert 6 Contributor address; City; State; Zip Code 2 Reliant Park Reliant Stadium Houston, TX 77054-1573	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meyer, Gary Contributor address; City; State; Zip Code 950 Lehman Houston, TX 77018	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Jack Contributor address; City; State; Zip Code 12121 Wickchester Lane Suite 200 Houston, TX 77079	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/12/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mischer, Walter Contributor address; City; State; Zip Code 9 Greenway Plaza Suite 2900 Houston, TX 77046	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/22/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mobley, Richard Contributor address; City; State; Zip Code 9800 Richmond Avenue Suite 400 Houston, TX 77042	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/23 Report: 20/127	
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801	
4 Date 07/20/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Othon, F William 6 Contributor address; City; State; Zip Code 11111 Wilcrest Green Suite 128 Houston, TX 77042	7 Amount of contribution (\$) \$1,250.00 (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)		10 Employer (See Instructions)	
Date 07/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peck, Jennifer Contributor address; City; State; Zip Code 9801 Westheimer Suite 500 Houston, TX 77042	Amount of contribution (\$) \$5,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/15/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Polk, Peter Contributor address; City; State; Zip Code 2505 Park Avenue Pearland, TX 77581	Amount of contribution (\$) \$5,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pollan, Patrick Contributor address; City; State; Zip Code 13333 Northwest Freeway Suite 150 Houston, TX 77040	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/17/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Powell, Christus Contributor address; City; State; Zip Code 5555 West Loop South Suite 400 Bellaire, TX 77401	Amount of contribution (\$) \$2,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/23 Report: 21/127	
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801	
4 Date 07/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raba-Kistner PAC 6 Contributor address; City; State; Zip Code 1001 Congress Avenue Suite 260 Austin, TX 78701	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/18/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rau, Russell Contributor address; City; State; Zip Code 608 Harborside Way Kemah, TX 77565	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 07/10/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Read, Jeffrey Contributor address; City; State; Zip Code 11606 Shady Grove Lane Houston, TX 77024	Amount of contribution (\$) \$1,250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/03/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Runnells, Clive Contributor address; City; State; Zip Code PO Box 22738 Houston, TX 77227-2738	Amount of contribution (\$) \$1,250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/24/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sadeghpour, David Contributor address; City; State; Zip Code 701 Shepherd Dr Suite 200 Houston, TX 77007	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/23 Report: 22/127	
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801	
4 Date 07/02/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sander, Dennis 6 Contributor address; City; State; Zip Code 10555 Richmond Avenue Suite 100 Houston, TX 77042	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/18/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sass, Walter 6 Contributor address; City; State; Zip Code 19500 Park Row Suite 100 Houston, TX 77084	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/06/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shanley, Kevin 6 Contributor address; City; State; Zip Code 1815 West 14th Street Houston, TX 77008	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/10/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shihadeh, Mohammed 6 Contributor address; City; State; Zip Code 4877 Langfield Houston, TX 77040	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 08/08/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Singh, Jasbir 6 Contributor address; City; State; Zip Code 28 Whitworth Way Sugarland, TX 77479-2925	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/23 Report: 23/127	
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801	
4 Date 07/17/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spinks, Melvin 6 Contributor address; City; State; Zip Code 11821 Telge Road Cypress, TX 77429-3288	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/17/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strange, Jon Contributor address; City; State; Zip Code 17171 Park Row Suite 160 Houston, TX 77084	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Teran, Orlando Contributor address; City; State; Zip Code 2 Heritage Court Houston, TX 77024	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 07/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Commerce Bank PAC Contributor address; City; State; Zip Code 1970 Welch St Houston, TX 77019-6196	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/05/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Woodlands Development Co PAC Contributor address; City; State; Zip Code 2201 Timberloch Place The Woodlands, TX 77380	Amount of contribution (\$) \$2,500.00	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: 23/23 Report: 25/127

2 FILER NAME Eversole, Gerald

3 ACCOUNT # (Ethics Commission filers)
01080801

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
07/01/2007 White, Brad

.....
6 Contributor address; City; State; Zip Code
6117 Richmond Ave Suite 100
Houston, TX 77057

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

\$250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
07/17/2007 Willmann, Karl

.....
Contributor address; City; State; Zip Code
4900 Woodway Suite 815
Houston, TX 77056-1809

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

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
07/15/2007 Wong, Clinton

.....
Contributor address; City; State; Zip Code
1616 S Voss Road Suite 618
Houston, TX 77057

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

\$5,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
07/19/2007 Zarinkelk, Giti

.....
Contributor address; City; State; Zip Code
3033 Chimney Rock Suite 630
Houston, TX 77056

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

\$5,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/97 Report: 26/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/08/2007	5 Payee name Academy 6 Payee address; City; State; Zip Code 9805 FM 1960 Bypass West Rd Humble, TX 77338	7 Amount (\$) \$119.02
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Road & Bridge Crew Perfect Attendance (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/07/2007	Payee name Academy Payee address; City; State; Zip Code 9805 FM 1960 Bypass West Rd Humble, TX 77338	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Door Prize for Precinct 4 Christmas Party (Gift Card) (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 08/20/2007	Payee name Adidas Golf.com Payee address; City; State; Zip Code 5545 Fermi Court Carlsbad, CA 92008	Amount (\$) \$510.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Donation of Equipment for Precinct 4 Employee Golf Day (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/22/2007	Payee name Ad-Link Payee address; City; State; Zip Code PO Box 3330 Baytown, TX 77520	Amount (\$) \$1,500.00
Purpose of payment (See instructions regarding type of information required.) Promotional Items:T-Shirts T-Shirts for Senior Olympics Event (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: 2/97 Report: 27/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/13/2007	5 Payee name Albemarle County Convention and Visitors Bureau 6 Payee address; City; State; Zip Code 610 East Main Street Charlottesville, VA 22902	7 Amount (\$) \$30.00
8 Purpose of payment (See instructions regarding type of information required.) (See travel info on Schedule T) (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/06/2007	Payee name Albert Miller Florist & Gifts Payee address; City; State; Zip Code 544 Waugh Dr Houston, TX 77219	Amount (\$) \$280.66
Purpose of payment (See instructions regarding type of information required.) Office:Decorations (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/04/2007	Payee name Albert Miller Florist & Gifts Payee address; City; State; Zip Code 544 Waugh Dr Houston, TX 77219	Amount (\$) \$67.66
Purpose of payment (See instructions regarding type of information required.) Office:Decorations (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/26/2007	Payee name Arne's Payee address; City; State; Zip Code 2830 Hicks St Houston, TX 77007	Amount (\$) \$88.35
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Downtown Office Staff Christmas Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/97 Report: 28/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/15/2007	5 Payee name Arturo's Uptown 6 Payee address; City; State; Zip Code 1180 Uptown Park Blvd Ste 1 Houston, TX 77056	7 Amount (\$) \$98.27
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/02/2007	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$28.58
Purpose of payment (See instructions regarding type of information required.) Internet Communications:Internet 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 07/16/2007	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$60.59
Purpose of payment (See instructions regarding type of information required.) Office: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 07/17/2007	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$196.20
Purpose of payment (See instructions regarding type of information required.) Office: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: 4/97 Report: 29/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/10/2007	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	7 Amount (\$) \$28.58
8 Purpose of payment (See instructions regarding type of information required.) Internet Communications:Internet 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 08/10/2007	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$60.59
Purpose of payment (See instructions regarding type of information required.) Office: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 08/29/2007	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$152.12
Purpose of payment (See instructions regarding type of information required.) Office: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 09/07/2007	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$28.58
Purpose of payment (See instructions regarding type of information required.) Internet Communications:Internet 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: 5/97 Report: 30/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 09/10/2007	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	7 Amount (\$) \$60.59
8 Purpose of payment (See instructions regarding type of information required.) Office: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 09/13/2007	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$28.58
Purpose of payment (See instructions regarding type of information required.) Internet Communications:Internet 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 09/13/2007	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$28.58
Purpose of payment (See instructions regarding type of information required.) Internet Communications:Internet 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 09/19/2007	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$303.52
Purpose of payment (See instructions regarding type of information required.) Office: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: 6/97 Report: 31/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 10/14/2007	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	7 Amount (\$) \$60.59
8 Purpose of payment (See instructions regarding type of information required.) Office: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 10/22/2007	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$3.21
Purpose of payment (See instructions regarding type of information required.) Office: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 11/07/2007	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$60.59
Purpose of payment (See instructions regarding type of information required.) Office: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 11/07/2007	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$155.21
Purpose of payment (See instructions regarding type of information required.) Office: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: 7/97 Report: 32/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 12/06/2007	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	7 Amount (\$) \$28.58
8 Purpose of payment (See instructions regarding type of information required.) Internet Communications:Internet 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 12/15/2007	Payee name AT&T Payee address; City; State; Zip Code PO Box 630047 Dallas, TX 75263	Amount (\$) \$153.15
Purpose of payment (See instructions regarding type of information required.) Office: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 07/12/2007	Payee name Avis Rent a Car Payee address; City; State; Zip Code 7923 W Broad St Richmond, VA 23229	Amount (\$) \$329.47
Purpose of payment (See instructions regarding type of information required.) (See travel info on Schedule T) (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/11/2007	Payee name Azuma Payee address; City; State; Zip Code 909 Texas Ste E Houston, TX 77002	Amount (\$) \$64.43
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/97 Report: 33/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 09/07/2007	5 Payee name Barbecue Inn 6 Payee address; City; State; Zip Code 116 W Crosstimbers Houston, TX 77018	7 Amount (\$) \$36.63
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/01/2007	Payee name Be An Angel Fund Inc Payee address; City; State; Zip Code 2003 Aldine Bender Houston, TX 77032	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 11/09/2007	Payee name BEAResource For CPS Kids Payee address; City; State; Zip Code PO Box 27701-501 Houston, TX 77227	Amount (\$) \$830.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 12/14/2007	Payee name Ben's Chuck Wagon Payee address; City; State; Zip Code 4104 Polak Rd Wallis, TX 77485	Amount (\$) \$580.39
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Lyons Camp Perfect Attendance 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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/97 Report: 34/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 12/07/2007	5 Payee name Best Buy 6 Payee address; City; State; Zip Code 1550 Lake Woodlands Dr The Woodlands, TX 77380	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Door Prize for Precinct 4 Christmas Party (Gift Card) (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 07/11/2007	Payee name Bibas Greek Pizza Payee address; City; State; Zip Code 5526 Memorial Dr Houston, TX 77007	Amount (\$) \$23.91
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/09/2007	Payee name Black Eyed Pea Payee address; City; State; Zip Code 2005 FM 1960 Rd W Houston, TX 77090	Amount (\$) \$21.18
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/09/2007	Payee name Black Eyed Pea Payee address; City; State; Zip Code 2005 FM 1960 Rd W Houston, TX 77090	Amount (\$) \$48.86
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/97 Report: 35/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/13/2007	5 Payee name Black Eyed Pea 6 Payee address; City; State; Zip Code 2005 FM 1960 Rd W Houston, TX 77090	7 Amount (\$) \$26.69
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/06/2007	Payee name Black Eyed Pea Payee address; City; State; Zip Code 2005 FM 1960 Rd W Houston, TX 77090	Amount (\$) \$26.36
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/20/2007	Payee name Black Eyed Pea Payee address; City; State; Zip Code 2005 FM 1960 Rd W Houston, TX 77090	Amount (\$) \$25.50
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/10/2007	Payee name Black Eyed Pea Payee address; City; State; Zip Code 2005 FM 1960 Rd W Houston, TX 77090	Amount (\$) \$25.50
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/97 Report: 36/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 09/24/2007	5 Payee name Black Eyed Pea 6 Payee address; City; State; Zip Code 2005 FM 1960 Rd W Houston, TX 77090	7 Amount (\$) \$25.01
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/27/2007	Payee name Blakemore & Associates Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston, TX 77046	Amount (\$) \$10,000.00
Purpose of payment (See instructions regarding type of information required.) Consulting 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 12/27/2007	Payee name Blakemore & Associates Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston, TX 77046	Amount (\$) \$5,000.00
Purpose of payment (See instructions regarding type of information required.) Consulting 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 07/13/2007	Payee name Bookout, Amy Payee address; City; State; Zip Code 1117 Bel Air Dr Allen, TX 75013	Amount (\$) \$450.00
Purpose of payment (See instructions regarding type of information required.) Employee Compensation:Payroll (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: 12/97 Report: 37/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/10/2007	5 Payee name Bookout, Amy 6 Payee address; City; State; Zip Code 1117 Bel Air Dr Allen, TX 75013	7 Amount (\$) \$450.00
8 Purpose of payment (See instructions regarding type of information required.) Employee Compensation:Payroll (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 09/10/2007	Payee name Bookout, Amy Payee address; City; State; Zip Code 1117 Bel Air Dr Allen, TX 75013	Amount (\$) \$450.00
Purpose of payment (See instructions regarding type of information required.) Employee Compensation:Payroll (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/12/2007	Payee name Bookout, Amy Payee address; City; State; Zip Code 1117 Bel Air Dr Allen, TX 75013	Amount (\$) \$450.00
Purpose of payment (See instructions regarding type of information required.) Employee Compensation:Payroll (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/14/2007	Payee name Bookout, Amy Payee address; City; State; Zip Code 1117 Bel Air Dr Allen, TX 75013	Amount (\$) \$450.00
Purpose of payment (See instructions regarding type of information required.) Employee Compensation:Payroll (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: 13/97 Report: 38/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 12/10/2007	5 Payee name Bookout, Amy 6 Payee address; City; State; Zip Code 1117 Bel Air Dr Allen, TX 75013	7 Amount (\$) \$450.00
8 Purpose of payment (See instructions regarding type of information required.) Employee Compensation:Payroll (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 09/19/2007	Payee name Boy Scout Troop 878 Payee address; City; State; Zip Code 5920 FM 2920 Spring, TX 77389	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 12/15/2007	Payee name Boy Scouts Of America Payee address; City; State; Zip Code PO Box 924528 Houston, TX 77292	Amount (\$) \$83.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 07/23/2007	Payee name Brand IQ Payee address; City; State; Zip Code 903 Gemini Houston, TX 77058	Amount (\$) \$13,496.20
Purpose of payment (See instructions regarding type of information required.) Promotional Items:Logoed Items Ceramic Mugs for Eversole Breakfast (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: 14/97 Report: 39/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 09/14/2007	5 Payee name Carter's Country 6 Payee address; City; State; Zip Code 8925 Katy Freeway Houston, TX 77024	7 Amount (\$) \$250.91
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Road & Bridge Camp Perfect Attendance (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 08/27/2007	Payee name Casa Ole Payee address; City; State; Zip Code 20131 Hwy 59 N Ste 2004 Houston, TX 77338	Amount (\$) \$18.38
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/21/2007	Payee name Chad Hedrick Foundation Payee address; City; State; Zip Code 20622 Fairway Meadow Lane Spring, TX 77379	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 07/18/2007	Payee name Champs Sports Payee address; City; State; Zip Code 7925 FM 1960 Rd W Houston, TX 77070	Amount (\$) \$12.53
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Gift for Precinct 4 Employee (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: 15/97 Report: 40/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 09/19/2007	5 Payee name Chastang's Bayou City Food 6 Payee address; City; State; Zip Code 8314 Maria Edna Houston, TX 77037	7 Amount (\$) \$425.00
8 Purpose of payment (See instructions regarding type of information required.) Political Promotion:Meals The Arabian Knights Trail Ride & BBQ Cookoff (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 07/15/2007	Payee name Colonial Williamsburg Visitor Center Payee address; City; State; Zip Code 1 Visitor Center Dr Williamsburg, VA 23185	Amount (\$) \$62.00
Purpose of payment (See instructions regarding type of information required.) (See travel info on Schedule T) (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/25/2007	Payee name Cruisin' USA Payee address; City; State; Zip Code 6262 Olive Blvd St Louis, MO 63130	Amount (\$) \$60.70
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Downtown Office Staff Christmas Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/08/2007	Payee name Custom Built Awards Payee address; City; State; Zip Code 4451 FM 1960 E Humble, TX 77346	Amount (\$) \$87.84
Purpose of payment (See instructions regarding type of information required.) Political Promotion:Entertainment Trophies for Octo"Bear" (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: 16/97 Report: 41/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 09/10/2007	5 Payee name Cypresswood Golf Club 6 Payee address; City; State; Zip Code 21602 Cypresswood Drive Spring, TX 77373	7 Amount (\$) \$80.44
8 Purpose of payment (See instructions regarding type of information required.) Political Promotion:Meals Luekemia Society 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 08/09/2007	Payee name David Bray Photography Payee address; City; State; Zip Code 4212 San Felipe Ste 398 Houston, TX 77027	Amount (\$) \$465.48
Purpose of payment (See instructions regarding type of information required.) Photography (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/13/2007	Payee name David Bray Photography Payee address; City; State; Zip Code 4212 San Felipe Ste 398 Houston, TX 77027	Amount (\$) \$211.09
Purpose of payment (See instructions regarding type of information required.) Photography (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/20/2007	Payee name Dell Payee address; City; State; Zip Code 1 Dell Way Round Rock, TX 78682	Amount (\$) \$74.69
Purpose of payment (See instructions regarding type of information required.) Office:Computer (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: 17/97 Report: 42/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 10/20/2007	5 Payee name Dell 6 Payee address; City; State; Zip Code 1 Dell Way Round Rock, TX 78682	7 Amount (\$) \$647.34
8 Purpose of payment (See instructions regarding type of information required.) Office:Computer (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 07/18/2007	Payee name Denny's Payee address; City; State; Zip Code 6920 FM 1960 Rd E Humble, TX 77346	Amount (\$) \$13.52
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name Denny's Payee address; City; State; Zip Code 6920 FM 1960 Rd E Humble, TX 77346	Amount (\$) \$13.59
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name Denny's Payee address; City; State; Zip Code 6920 FM 1960 Rd E Humble, TX 77346	Amount (\$) \$12.87
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/97 Report: 43/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/22/2007	5 Payee name Denny's 6 Payee address; City; State; Zip Code 6920 FM 1960 Rd E Humble, TX 77346	7 Amount (\$) \$14.03
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name Denny's Payee address; City; State; Zip Code 6920 FM 1960 Rd E Humble, TX 77346	Amount (\$) \$13.57
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name Denny's Payee address; City; State; Zip Code 6920 FM 1960 Rd E Humble, TX 77346	Amount (\$) \$11.59
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/05/2007	Payee name Denny's Payee address; City; State; Zip Code 6920 FM 1960 Rd E Humble, TX 77346	Amount (\$) \$14.23
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/97 Report: 44/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 11/05/2007	5 Payee name Denny's 6 Payee address; City; State; Zip Code 6920 FM 1960 Rd E Humble, TX 77346	7 Amount (\$) \$7.29
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/05/2007	Payee name Denny's Payee address; City; State; Zip Code 6920 FM 1960 Rd E Humble, TX 77346	Amount (\$) \$13.59
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/15/2007	Payee name Deputy Pete Cupial Memorial Fund Payee address; City; State; Zip Code 1400 Franklin St Houston, TX 77002	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion:Sponsorship BBQ Benefit for Deputy Pete Cupial (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 07/09/2007	Payee name Dillard's Payee address; City; State; Zip Code 20131 Highway 59 North Ste 2000 Humble, TX 77338	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Gift Card for Employee Drawing (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: 20/97 Report: 45/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 11/01/2007	5 Payee name Dollar Tree Stores Inc 6 Payee address; City; State; Zip Code 10261 I 45 North Ste 100 Houston, TX 77037	7 Amount (\$) \$12.99
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Downtown Office Staff Christmas Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/07/2007	Payee name Doss Community Center Payee address; City; State; Zip Code 2500 Frick Rd Houston, TX 77038	Amount (\$) \$2,500.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 09/12/2007	Payee name Ed Emmett Campaign Payee address; City; State; Zip Code 5518 Chaucer Dr Ste A Houston, TX 77005	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Political Promotion: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 07/21/2007	Payee name Edwin Watts Golf Payee address; City; State; Zip Code 5395 Westheimer Houston, TX 77056	Amount (\$) \$249.98
Purpose of payment (See instructions regarding type of information required.) Office:Constituent Appreciation Donation of Equipment to Military Veterans (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: 21/97 Report: 46/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 09/06/2007	5 Payee name Edwin Watts Golf 6 Payee address; City; State; Zip Code 5395 Westheimer Houston, TX 77056	7 Amount (\$) \$981.76
8 Purpose of payment (See instructions regarding type of information required.) Office:Constituent Appreciation Donation of Equipment to Military Veterans (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 09/12/2007	Payee name Elves & More Payee address; City; State; Zip Code 5161 San Felipe Ste 320 Houston, TX 77056	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 08/24/2007	Payee name Events Gifts Payee address; City; State; Zip Code 1966 West Gray Houston, TX 77019	Amount (\$) \$120.16
Purpose of payment (See instructions regarding type of information required.) Public Promotion:Flowers & Gifts:Constituent Picture Frame (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 07/18/2007	Payee name Exxon Mobil Payee address; City; State; Zip Code 1 Florida Ave NE Washington, DC 20002	Amount (\$) \$3.01
Purpose of payment (See instructions regarding type of information required.) (See travel info on Schedule T) (If travel outside of Texas, complete Schedule T) <input checked="" 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: 22/97 Report: 47/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/04/2007	5 Payee name Exxon Mobil 6 Payee address; City; State; Zip Code 1 Florida Ave NE Washington, DC 20002	7 Amount (\$) \$67.00
8 Purpose of payment (See instructions regarding type of information required.) (See travel info on Schedule T) (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/21/2007	Payee name Exxon Mobil Payee address; City; State; Zip Code 1 Florida Ave NE Washington, DC 20002	Amount (\$) \$59.04
Purpose of payment (See instructions regarding type of information required.) (See travel info on Schedule T) (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/22/2007	Payee name Exxon Mobil Payee address; City; State; Zip Code 1 Florida Ave NE Washington, DC 20002	Amount (\$) \$36.50
Purpose of payment (See instructions regarding type of information required.) (See travel info on Schedule T) (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/18/2007	Payee name Federal Express Kinko's Payee address; City; State; Zip Code 5616 Westheimer Houston, TX 77056	Amount (\$) \$63.91
Purpose of payment (See instructions regarding type of information required.) Fundraising:Supplies Supplies for Eversole Breakfast (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: 23/97 Report: 48/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/23/2007	5 Payee name Finish Line 6 Payee address; City; State; Zip Code 20131 Highway 59 N Ste 2346 Humble, TX 77338	7 Amount (\$) \$238.10
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Donation of Equipment for Precinct 4 Employee Golf Day (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 09/08/2007	Payee name Fleming's Prime Steakhouse & Wine Bar Payee address; City; State; Zip Code 2405 West Alabama Houston, TX 77098	Amount (\$) \$442.31
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals Downtown Staff 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 11/05/2007	Payee name Fleming's Prime Steakhouse & Wine Bar Payee address; City; State; Zip Code 2405 West Alabama Houston, TX 77098	Amount (\$) \$10.00
Purpose of payment (See instructions regarding type of information required.) Office:Parking (Staff Meal) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/10/2007	Payee name Fogo Ded Chao Churrascaria Payee address; City; State; Zip Code 8250 Westheimer Houston, TX 77063	Amount (\$) \$137.50
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/97 Report: 49/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 11/20/2007	5 Payee name Friends Of Kent Adams 6 Payee address; City; State; Zip Code PO Box 73347 Houston, TX 77273	7 Amount (\$) \$1,000.00
8 Purpose of payment (See instructions regarding type of information required.) Political Promotion:Sponsorship (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 08/07/2007	Payee name Friends Of National Rifle Association Payee address; City; State; Zip Code 2002 Lazy Grove Kingwood, TX 77339	Amount (\$) \$70.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 09/12/2007	Payee name Friends Of St Theresa Payee address; City; State; Zip Code PO Box 70516 Houston, TX 77270	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Political Promotion: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 11/26/2007	Payee name Friends Of The Atascocita Library Payee address; City; State; Zip Code 19520 Pinhurst Trail Dr Humble, TX 77346	Amount (\$) \$2,000.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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:

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/97 Report: 50/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/18/2007	5 Payee name Gabby's BBQ-Catering 6 Payee address; City; State; Zip Code 4659 Telephone Rd Houston, TX 77087	7 Amount (\$) \$9.00
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/18/2007	Payee name Gabby's BBQ-Catering Payee address; City; State; Zip Code 4659 Telephone Rd Houston, TX 77087	Amount (\$) \$18.63
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/18/2007	Payee name Gabby's BBQ-Catering Payee address; City; State; Zip Code 4659 Telephone Rd Houston, TX 77087	Amount (\$) \$16.02
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/18/2007	Payee name Gabby's BBQ-Catering Payee address; City; State; Zip Code 4659 Telephone Rd Houston, TX 77087	Amount (\$) \$14.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/97 Report: 51/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/18/2007	5 Payee name Gabby's BBQ-Catering 6 Payee address; City; State; Zip Code 4659 Telephone Rd Houston, TX 77087	7 Amount (\$) \$11.37
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name Gabby's BBQ-Catering Payee address; City; State; Zip Code 4659 Telephone Rd Houston, TX 77087	Amount (\$) \$12.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/05/2007	Payee name Gabby's BBQ-Catering Payee address; City; State; Zip Code 4659 Telephone Rd Houston, TX 77087	Amount (\$) \$18.10
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/05/2007	Payee name Gabby's BBQ-Catering Payee address; City; State; Zip Code 4659 Telephone Rd Houston, TX 77087	Amount (\$) \$12.02
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/97 Report: 52/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 11/05/2007	5 Payee name Gabby's BBQ-Catering 6 Payee address; City; State; Zip Code 4659 Telephone Rd Houston, TX 77087	7 Amount (\$) \$12.02
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/07/2007	Payee name Gander Mountain Payee address; City; State; Zip Code 19302 IH 45 Spring, TX 77373	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Door Prize for Precinct 4 Christmas Party (Gift Card) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/26/2007	Payee name Garden Ridge Payee address; City; State; Zip Code 12605 Gessner Rd Houston, TX 77064	Amount (\$) \$108.02
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Downtown Office Staff Christmas Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/26/2007	Payee name Garden Ridge Payee address; City; State; Zip Code 12605 Gessner Rd Houston, TX 77064	Amount (\$) \$93.33
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Downtown Office Staff Christmas Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/97 Report: 53/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/12/2007	5 Payee name George Bush Intercontinental Airport 6 Payee address; City; State; Zip Code 2800 North Terminal Road Houston, TX 77032	7 Amount (\$) \$6.40
8 Purpose of payment (See instructions regarding type of information required.) (See travel info on Schedule T) (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/12/2007	Payee name George Bush Intercontinental Airport Payee address; City; State; Zip Code 2800 North Terminal Road Houston, TX 77032	Amount (\$) \$52.00
Purpose of payment (See instructions regarding type of information required.) (See travel info on Schedule T) (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/14/2007	Payee name Glass Wall Payee address; City; State; Zip Code 933 Studewood St Houston, TX 77008	Amount (\$) \$225.46
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/26/2007	Payee name Glass Wall Payee address; City; State; Zip Code 933 Studewood St Houston, TX 77008	Amount (\$) \$245.21
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/97 Report: 54/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/27/2007	5 Payee name Golden Hunan Restaurant 6 Payee address; City; State; Zip Code 5801 Memorial Dr Houston, TX 77007	7 Amount (\$) \$25.66
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/17/2007	Payee name Golf Etc Payee address; City; State; Zip Code 20040 Hwy 59 N Humble, TX 77338	Amount (\$) \$406.08
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Donation of Equipment for Precinct 4 Employee Golf Day (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 07/17/2007	Payee name Golf Galaxy Payee address; City; State; Zip Code 5078 Richmond Ave Houston, TX 77056	Amount (\$) \$98.43
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Donation of Equipment for Precinct 4 Employee Golf Day (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 07/22/2007	Payee name Golf Galaxy Payee address; City; State; Zip Code 5078 Richmond Ave Houston, TX 77056	Amount (\$) \$302.98
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Donation of Equipment for Precinct 4 Employee Golf Day (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: 30/97 Report: 55/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/28/2007	5 Payee name Golf Galaxy 6 Payee address; City; State; Zip Code 5078 Richmond Ave Houston, TX 77056	7 Amount (\$) \$119.03
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Donation of Equipment for Precinct 4 Employee Golf Day (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/15/2007	Payee name Golfers Against Cancer Payee address; City; State; Zip Code 1700 Lake Kingwood Trail Kingwood, TX 77339	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 08/03/2007	Payee name Golfsmith International Payee address; City; State; Zip Code 10885 Westheimer Rd Houston, TX 77042	Amount (\$) \$507.09
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Donation of Equipment for Precinct 4 Employee Golf Day (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 08/19/2007	Payee name Golfsmith International Payee address; City; State; Zip Code 10885 Westheimer Rd Houston, TX 77042	Amount (\$) \$520.81
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Donation of Equipment for Precinct 4 Employee Golf Day (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: 31/97 Report: 56/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/22/2007	5 Payee name Goode Company BBQ 6 Payee address; City; State; Zip Code 8911 Katy Freeway Houston, TX 77024	7 Amount (\$) \$20.00
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/29/2007	Payee name Goode Company BBQ Payee address; City; State; Zip Code 8911 Katy Freeway Houston, TX 77024	Amount (\$) \$14.94
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/29/2007	Payee name Goode Company BBQ Payee address; City; State; Zip Code 8911 Katy Freeway Houston, TX 77024	Amount (\$) \$17.48
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/10/2007	Payee name Goode Company BBQ Payee address; City; State; Zip Code 8911 Katy Freeway Houston, TX 77024	Amount (\$) \$17.40
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 32/97 Report: 57/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/12/2007	5 Payee name Goode Company BBQ 6 Payee address; City; State; Zip Code 8911 Katy Freeway Houston, TX 77024	7 Amount (\$) \$70.90
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/05/2007	Payee name Goode Company BBQ Payee address; City; State; Zip Code 8911 Katy Freeway Houston, TX 77024	Amount (\$) \$12.34
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/27/2007	Payee name Grand Lux Cafe Payee address; City; State; Zip Code 5000 Westheimer Rd Ste 690 Houston, TX 77056	Amount (\$) \$44.32
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/21/2007	Payee name Greater Heights Area Chamber Of Commerce Payee address; City; State; Zip Code 545 W 19th St Houston, TX 77008	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/97 Report: 58/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/06/2007	5 Payee name Grotto Ristorante <hr/> 6 Payee address; City; State; Zip Code 4715 Westheimer Rd Houston, TX 77027	7 Amount (\$) \$60.12
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/19/2007	Payee name Harris County CPS Fund <hr/> Payee address; City; State; Zip Code 2525 Murworth Houston, TX 77054	Amount (\$) \$900.00
Purpose of payment (See instructions regarding type of information required.) Political Promotion: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 07/24/2007	Payee name Harris County Public Infrastructure Department <hr/> Payee address; City; State; Zip Code 1001 Preston Avenue 7th Floor Houston, TX 77002	Amount (\$) \$72.50
Purpose of payment (See instructions regarding type of information required.) Office: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 08/20/2007	Payee name Harris County Public Infrastructure Department <hr/> Payee address; City; State; Zip Code 1001 Preston Avenue 7th Floor Houston, TX 77002	Amount (\$) \$72.00
Purpose of payment (See instructions regarding type of information required.) Office: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: 34/97 Report: 59/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 11/13/2007	5 Payee name Harris County Public Infrastructure Department <hr/> 6 Payee address; City; State; Zip Code 1001 Preston Avenue 7th Floor Houston, TX 77002	7 Amount (\$) \$50.75
8 Purpose of payment (See instructions regarding type of information required.) Office: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 08/02/2007	Payee name Harris County Republican Party <hr/> Payee address; City; State; Zip Code 3311 Richmond Ste 218 Houston, TX 77098	Amount (\$) \$10,000.00
Purpose of payment (See instructions regarding type of information required.) Political Promotion: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 12/11/2007	Payee name Harris County Republican Party <hr/> Payee address; City; State; Zip Code 3311 Richmond Ste 218 Houston, TX 77098	Amount (\$) \$5,000.00
Purpose of payment (See instructions regarding type of information required.) Political Promotion: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 10/18/2007	Payee name HEB <hr/> Payee address; City; State; Zip Code 28520 Tomball Parkway Tomball, TX 77375	Amount (\$) \$387.54
Purpose of payment (See instructions regarding type of information required.) Public Promotion:Sponsorship Food & Drinks for Spring Creek Park Grand Opening (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: 35/97 Report: 60/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 10/18/2007	5 Payee name HEB 6 Payee address; City; State; Zip Code 28520 Tomball Parkway Tomball, TX 77375	7 Amount (\$) \$46.96
8 Purpose of payment (See instructions regarding type of information required.) Public Promotion:Sponsorship Food & Drinks for Spring Creek Park Grand Opening (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 07/13/2007	Payee name Henderson, Joanye Payee address; City; State; Zip Code 14502 Fall Creek Crossing Humble, TX 77396	Amount (\$) \$1,569.95
Purpose of payment (See instructions regarding type of information required.) Employee Compensation:Payroll (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 08/10/2007	Payee name Henderson, Joanye Payee address; City; State; Zip Code 14502 Fall Creek Crossing Humble, TX 77396	Amount (\$) \$1,569.95
Purpose of payment (See instructions regarding type of information required.) Employee Compensation:Payroll (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 09/05/2007	Payee name Henderson, Joanye Payee address; City; State; Zip Code 14502 Fall Creek Crossing Humble, TX 77396	Amount (\$) \$10,000.00
Purpose of payment (See instructions regarding type of information required.) Employee Compensation:Payroll (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: 36/97 Report: 61/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 09/10/2007	5 Payee name Henderson, Joanye 6 Payee address; City; State; Zip Code 14502 Fall Creek Crossing Humble, TX 77396	7 Amount (\$) \$1,569.95
8 Purpose of payment (See instructions regarding type of information required.) Employee Compensation:Payroll (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/12/2007	Payee name Henderson, Joanye Payee address; City; State; Zip Code 14502 Fall Creek Crossing Humble, TX 77396	Amount (\$) \$1,569.95
Purpose of payment (See instructions regarding type of information required.) Employee Compensation:Payroll (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/14/2007	Payee name Henderson, Joanye Payee address; City; State; Zip Code 14502 Fall Creek Crossing Humble, TX 77396	Amount (\$) \$1,569.95
Purpose of payment (See instructions regarding type of information required.) Employee Compensation:Payroll (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/10/2007	Payee name Henderson, Joanye Payee address; City; State; Zip Code 14502 Fall Creek Crossing Humble, TX 77396	Amount (\$) \$1,569.95
Purpose of payment (See instructions regarding type of information required.) Employee Compensation:Payroll (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: 37/97 Report: 62/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 12/31/2007	5 Payee name Hillco Partners 6 Payee address; City; State; Zip Code 823 Congress Ave Ste 900 Austin, TX 78701	7 Amount (\$) \$10,000.00
8 Purpose of payment (See instructions regarding type of information required.) Consulting 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 08/21/2007	Payee name Houston Junior Woman's Club Charitable Fund Payee address; City; State; Zip Code 2103 Lakeside Bend Ct Houston, TX 77077	Amount (\$) \$275.00
Purpose of payment (See instructions regarding type of information required.) Print Advertising:Placement (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 07/12/2007	Payee name Houston Museum Of Natural Science Payee address; City; State; Zip Code 1 Hermann Circle Drive Houston, TX 77030	Amount (\$) \$65.19
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 09/28/2007	Payee name Houston Northwest Memorial Chamber Of Commerce Payee address; City; State; Zip Code 14511 Falling Creek Dr Ste 205 Houston, TX 77014	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 38/97 Report: 63/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 11/07/2007	5 Payee name Houston Wilderness 6 Payee address; City; State; Zip Code 4916 Main St Ste 230 Houston, TX 77002	7 Amount (\$) \$1,000.00
8 Purpose of payment (See instructions regarding type of information required.) Public Promotion:Sponsorship (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 08/21/2007	Payee name Humble ISD Education Foundation Payee address; City; State; Zip Code 20200 Eastway Village Drive Humble, TX 77338	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 07/18/2007	Payee name IHOP Payee address; City; State; Zip Code 5790 FM 1960 Rd W Houston, TX 77069	Amount (\$) \$11.29
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/18/2007	Payee name IHOP Payee address; City; State; Zip Code 5790 FM 1960 Rd W Houston, TX 77069	Amount (\$) \$13.22
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39/97 Report: 64/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/13/2007	5 Payee name IHOP 6 Payee address; City; State; Zip Code 5790 FM 1960 Rd W Houston, TX 77069	7 Amount (\$) \$10.31
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name IHOP Payee address; City; State; Zip Code 5790 FM 1960 Rd W Houston, TX 77069	Amount (\$) \$12.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name IHOP Payee address; City; State; Zip Code 5790 FM 1960 Rd W Houston, TX 77069	Amount (\$) \$13.63
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/05/2007	Payee name IHOP Payee address; City; State; Zip Code 5790 FM 1960 Rd W Houston, TX 77069	Amount (\$) \$13.87
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 40/97 Report: 65/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/21/2007	5 Payee name Incarnate Word Academy 6 Payee address; City; State; Zip Code 609 Crawford Houston, TX 77002	7 Amount (\$) \$200.00
8 Purpose of payment (See instructions regarding type of information required.) Public Promotion:Sponsorship (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 07/26/2007	Payee name Internal Revenue Service Payee address; City; State; Zip Code PO Box 105083 Atlanta, GA 30348	Amount (\$) \$1,045.05
Purpose of payment (See instructions regarding type of information required.) Employee Compensation:Payroll Taxes 2nd Q 2007 941 Payroll Taxes (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/17/2007	Payee name Internal Revenue Service Payee address; City; State; Zip Code PO Box 105083 Atlanta, GA 30348	Amount (\$) \$2,703.54
Purpose of payment (See instructions regarding type of information required.) Employee Compensation:Payroll Taxes 3rd Q 2007 941 Payroll Taxes (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/10/2007	Payee name Irma's Payee address; City; State; Zip Code 22 North Chenevert St Houston, TX 77002	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 41/97 Report: 66/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/31/2007	5 Payee name Irma's 6 Payee address; City; State; Zip Code 22 North Chenevert St Houston, TX 77002	7 Amount (\$) \$50.00
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/12/2007	Payee name Irma's Payee address; City; State; Zip Code 22 North Chenevert St Houston, TX 77002	Amount (\$) \$50.50
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/25/2007	Payee name Irma's Payee address; City; State; Zip Code 22 North Chenevert St Houston, TX 77002	Amount (\$) \$188.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/01/2007	Payee name Irma's Payee address; City; State; Zip Code 22 North Chenevert St Houston, TX 77002	Amount (\$) \$4,255.89
Purpose of payment (See instructions regarding type of information required.) Political Promotion:Meals Leukemia Underwriters Reception (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: 42/97 Report: 67/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/27/2007	5 Payee name J Christopher's Pizza & Pasta <hr/> 6 Payee address; City; State; Zip Code 2245 Northpark Dr Humble, TX 77339	7 Amount (\$) \$33.66
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/18/2007	Payee name James Coney Island <hr/> Payee address; City; State; Zip Code 3607 S Shepherd Dr Houston, TX 77098	Amount (\$) \$10.27
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name James Coney Island <hr/> Payee address; City; State; Zip Code 3607 S Shepherd Dr Houston, TX 77098	Amount (\$) \$9.18
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/05/2007	Payee name James Coney Island <hr/> Payee address; City; State; Zip Code 3607 S Shepherd Dr Houston, TX 77098	Amount (\$) \$13.53
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 43/97 Report: 68/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 11/05/2007	5 Payee name James Coney Island 6 Payee address; City; State; Zip Code 3607 S Shepherd Dr Houston, TX 77098	7 Amount (\$) \$10.12
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/05/2007	Payee name James Coney Island Payee address; City; State; Zip Code 3607 S Shepherd Dr Houston, TX 77098	Amount (\$) \$12.23
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/11/2007	Payee name Jason's Deli Payee address; City; State; Zip Code 901 McKinney Houston, TX 77002	Amount (\$) \$17.28
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/05/2007	Payee name Jason's Deli Payee address; City; State; Zip Code 901 McKinney Houston, TX 77002	Amount (\$) \$12.29
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 44/97 Report: 69/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/20/2007	5 Payee name Jimmy G's 6 Payee address; City; State; Zip Code 307 North Sam Houston Parkway Houston, TX 77060	7 Amount (\$) \$215.15
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/30/2007	Payee name Jimmy G's Payee address; City; State; Zip Code 307 North Sam Houston Parkway Houston, TX 77060	Amount (\$) \$60.77
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/10/2007	Payee name Jimmy G's Payee address; City; State; Zip Code 307 North Sam Houston Parkway Houston, TX 77060	Amount (\$) \$35.77
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/27/2007	Payee name Jimmy G's Payee address; City; State; Zip Code 307 North Sam Houston Parkway Houston, TX 77060	Amount (\$) \$29.79
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 45/97 Report: 70/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 09/05/2007	5 Payee name Jimmy G's 6 Payee address; City; State; Zip Code 307 North Sam Houston Parkway Houston, TX 77060	7 Amount (\$) \$46.81
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/26/2007	Payee name JL & Company Productions Payee address; City; State; Zip Code PO Box 3311 Conroe, TX 77305	Amount (\$) \$1,275.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Entertainment for Precinct 4 Christmas Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/18/2007	Payee name JL & Company Productions Payee address; City; State; Zip Code PO Box 3311 Conroe, TX 77305	Amount (\$) \$123.75
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Entertainment for Precinct 4 Christmas Party (Tip) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/07/2007	Payee name Keep Houston Beautiful Payee address; City; State; Zip Code 3000 Richmond Ave Ste 350 Houston, TX 77098	Amount (\$) \$1,500.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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:

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 46/97 Report: 71/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/25/2007	5 Payee name Klein Band Association 6 Payee address; City; State; Zip Code 4008 Louetta Rd Box 262 Spring, TX 77388	7 Amount (\$) \$175.00
8 Purpose of payment (See instructions regarding type of information required.) Print Advertising:Placement (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 09/12/2007	Payee name Klein Education Foundation Payee address; City; State; Zip Code 7200 Spring Cypress Rd Klein, TX 77379	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 10/25/2007	Payee name Kolache Factory Payee address; City; State; Zip Code 14095 Northwest Fwy Houston, TX 77040	Amount (\$) \$23.54
Purpose of payment (See instructions regarding type of information required.) Political Promotion:Meals Superintendent's Breakfast Event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/25/2007	Payee name Kolache Factory Payee address; City; State; Zip Code 14095 Northwest Fwy Houston, TX 77040	Amount (\$) \$23.54
Purpose of payment (See instructions regarding type of information required.) Political Promotion:Meals Mayor's Breakfast Event (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: 47/97 Report: 72/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 12/17/2007	5 Payee name Kolache Factory 6 Payee address; City; State; Zip Code 14095 Northwest Fwy Houston, TX 77040	7 Amount (\$) \$34.24
8 Purpose of payment (See instructions regarding type of information required.) Political Promotion:Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/24/2007	Payee name Kroger Payee address; City; State; Zip Code 1352 West 43rd St Houston, TX 77018	Amount (\$) \$72.47
Purpose of payment (See instructions regarding type of information required.) Political Promotion:Meals Superintendent's Breakfast Event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/25/2007	Payee name Kroger Payee address; City; State; Zip Code 1352 West 43rd St Houston, TX 77018	Amount (\$) \$96.72
Purpose of payment (See instructions regarding type of information required.) Political Promotion:Meals Mayor's Breakfast Event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/30/2007	Payee name Kroger Payee address; City; State; Zip Code 1352 West 43rd St Houston, TX 77018	Amount (\$) \$66.13
Purpose of payment (See instructions regarding type of information required.) Travel:Staff 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:

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 48/97 Report: 73/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 12/17/2007	5 Payee name Kroger 6 Payee address; City; State; Zip Code 1352 West 43rd St Houston, TX 77018	7 Amount (\$) \$36.28
8 Purpose of payment (See instructions regarding type of information required.) Political Promotion:Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/09/2007	Payee name Lake Houston Family YMCA Payee address; City; State; Zip Code 2420 West Lake Houston Parkway Kingwood, TX 77339	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 12/07/2007	Payee name Landry's Payee address; City; State; Zip Code 1212 Lake Robbins Dr The Woodlands, TX 77380	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Door Prize for Precinct 4 Christmas Party (Gift Card) (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 07/18/2007	Payee name Le Peep Payee address; City; State; Zip Code 4702 Westheimer Rd Houston, TX 77027	Amount (\$) \$11.62
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 49/97 Report: 74/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/22/2007	5 Payee name Le Peep 6 Payee address; City; State; Zip Code 4702 Westheimer Rd Houston, TX 77027	7 Amount (\$) \$12.33
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/07/2007	Payee name Leff, Frances Payee address; City; State; Zip Code 55 Waugh Dr Ste 1111 Houston, TX 77007	Amount (\$) \$5,000.00
Purpose of payment (See instructions regarding type of information required.) Fundraising:Fees Fundraising Consulting Fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/11/2007	Payee name Lone Star Productions Payee address; City; State; Zip Code PO Box 311 Flatonia, TX 78941	Amount (\$) \$960.00
Purpose of payment (See instructions regarding type of information required.) Fundraising:Supplies Support Services & Event Planning for Breakfast (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 08/01/2007	Payee name Lone Star Productions Payee address; City; State; Zip Code PO Box 311 Flatonia, TX 78941	Amount (\$) \$15,000.00
Purpose of payment (See instructions regarding type of information required.) Fundraising:Supplies Video & Display Equipment for Eversole Breakfast (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: 50/97 Report: 75/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/01/2007	5 Payee name Lone Star Productions 6 Payee address; City; State; Zip Code PO Box 311 Flatonia, TX 78941	7 Amount (\$) \$320.00
8 Purpose of payment (See instructions regarding type of information required.) Print Advertising:Design (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 08/23/2007	Payee name Lone Star Productions Payee address; City; State; Zip Code PO Box 311 Flatonia, TX 78941	Amount (\$) \$9,897.00
Purpose of payment (See instructions regarding type of information required.) Fundraising:Supplies Video & DVD of Eversole Breakfast Production (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 09/05/2007	Payee name Lone Star Productions Payee address; City; State; Zip Code PO Box 311 Flatonia, TX 78941	Amount (\$) \$10,000.00
Purpose of payment (See instructions regarding type of information required.) Fundraising:Supplies Video & Display Equipment for Eversole Breakfast (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/26/2007	Payee name Lone Star Productions Payee address; City; State; Zip Code PO Box 311 Flatonia, TX 78941	Amount (\$) \$96.47
Purpose of payment (See instructions regarding type of information required.) Fundraising:Supplies DVD-R Copies of 2006 & 2007 Eversole Breakfast (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: 51/97 Report: 76/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/27/2007	5 Payee name Lowe's 6 Payee address; City; State; Zip Code 22600 Eastex Freeway Kingwood, TX 77339	7 Amount (\$) \$54.09
8 Purpose of payment (See instructions regarding type of information required.) Public Promotion:Flowers & Gifts:Constituent Gift Card (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 08/27/2007	Payee name Lowe's Payee address; City; State; Zip Code 22600 Eastex Freeway Kingwood, TX 77339	Amount (\$) \$13.14
Purpose of payment (See instructions regarding type of information required.) Fundraising:Supplies Eversole Breakfast Table Signage 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 12/07/2007	Payee name Lowe's Payee address; City; State; Zip Code 22600 Eastex Freeway Kingwood, TX 77339	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Door Prize for Precinct 4 Christmas Party (Gift Card) (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 08/07/2007	Payee name Luby's Cafe Payee address; City; State; Zip Code 1414 Waugh Dr Houston, TX 77019	Amount (\$) \$19.68
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 52/97 Report: 77/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/13/2007	5 Payee name Luby's Cafe 6 Payee address; City; State; Zip Code 1414 Waugh Dr Houston, TX 77019	7 Amount (\$) \$23.58
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name Luby's Cafe Payee address; City; State; Zip Code 1414 Waugh Dr Houston, TX 77019	Amount (\$) \$12.32
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name Luby's Cafe Payee address; City; State; Zip Code 1414 Waugh Dr Houston, TX 77019	Amount (\$) \$10.87
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name Luby's Cafe Payee address; City; State; Zip Code 1414 Waugh Dr Houston, TX 77019	Amount (\$) \$16.72
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 53/97 Report: 78/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/23/2007	5 Payee name Luby's Cafe 6 Payee address; City; State; Zip Code 1414 Waugh Dr Houston, TX 77019	7 Amount (\$) \$34.38
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/07/2007	Payee name Luby's Cafe Payee address; City; State; Zip Code 1414 Waugh Dr Houston, TX 77019	Amount (\$) \$27.66
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/05/2007	Payee name Luby's Cafe Payee address; City; State; Zip Code 1414 Waugh Dr Houston, TX 77019	Amount (\$) \$11.83
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/24/2007	Payee name Macy's Payee address; City; State; Zip Code 4000 Willowbrook Mall Houston, TX 77070	Amount (\$) \$207.79
Purpose of payment (See instructions regarding type of information required.) Public Promotion:Flowers & Gifts:Staff Gift for Frances Leff (Fundraising Organizer) (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: 54/97 Report: 79/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 09/28/2007	5 Payee name Madeyalook Productions 6 Payee address; City; State; Zip Code 4771 Sweetwater Blvd Ste 152 Sugar Land, TX 77479	7 Amount (\$) \$985.08
8 Purpose of payment (See instructions regarding type of information required.) Electronic Media:Production 25th Anniversary of Jones Park (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/01/2007	Payee name Madeyalook Productions Payee address; City; State; Zip Code 4771 Sweetwater Blvd Ste 152 Sugar Land, TX 77479	Amount (\$) \$595.38
Purpose of payment (See instructions regarding type of information required.) Electronic Media:Production Leukemia Underwriters Reception (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 07/02/2007	Payee name Main Jewel LLC Payee address; City; State; Zip Code 4001 N Shepherd Suite 221 Houston, TX 77018	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Campaign:Rent & 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:
Date 08/10/2007	Payee name Main Jewel LLC Payee address; City; State; Zip Code 4001 N Shepherd Suite 221 Houston, TX 77018	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Campaign:Rent & 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: 55/97 Report: 80/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 09/07/2007	5 Payee name Main Jewel LLC 6 Payee address; City; State; Zip Code 4001 N Shepherd Suite 221 Houston, TX 77018	7 Amount (\$) \$250.00
8 Purpose of payment (See instructions regarding type of information required.) Campaign:Rent & Utilities (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/12/2007	Payee name Main Jewel LLC Payee address; City; State; Zip Code 4001 N Shepherd Suite 221 Houston, TX 77018	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Campaign:Rent & 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:
Date 11/07/2007	Payee name Main Jewel LLC Payee address; City; State; Zip Code 4001 N Shepherd Suite 221 Houston, TX 77018	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Campaign:Rent & 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:
Date 12/06/2007	Payee name Main Jewel LLC Payee address; City; State; Zip Code 4001 N Shepherd Suite 221 Houston, TX 77018	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Campaign:Rent & 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: 56/97 Report: 81/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 09/07/2007	5 Payee name Mangum-Howell Community Center <hr/> 6 Payee address; City; State; Zip Code 2500 Frick Rd Houston, TX 77038	7 Amount (\$) \$2,500.00
8 Purpose of payment (See instructions regarding type of information required.) Public Promotion:Sponsorship (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 09/05/2007	Payee name Max Bowl North <hr/> Payee address; City; State; Zip Code 2390 Wilson Rd Humble, TX 77396	Amount (\$) \$1,160.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Road & Bridge Crew Bowling League (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 09/07/2007	Payee name May Community Center <hr/> Payee address; City; State; Zip Code 2500 Frick Rd Houston, TX 77038	Amount (\$) \$2,500.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 09/29/2007	Payee name McAllisters Deli <hr/> Payee address; City; State; Zip Code 6500 FM 1960 East Humble, TX 77346	Amount (\$) \$933.50
Purpose of payment (See instructions regarding type of information required.) Public Promotion:Sponsorship 25th Anniversary of Jones Park (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: 57/97 Report: 82/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/27/2007	5 Payee name Micheal's 6 Payee address; City; State; Zip Code 19653 Highway 59 N Humble, TX 77338	7 Amount (\$) \$327.24
8 Purpose of payment (See instructions regarding type of information required.) Office:Constituent Appreciation Donation of Art Supplies For Senior Adult Program Pct 4 (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 07/13/2007	Payee name Mid Town Cafe Payee address; City; State; Zip Code 55 Waugh Dr Houston, TX 77007	Amount (\$) \$12.18
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/16/2007	Payee name Mid Town Cafe Payee address; City; State; Zip Code 55 Waugh Dr Houston, TX 77007	Amount (\$) \$16.50
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/17/2007	Payee name Mid Town Cafe Payee address; City; State; Zip Code 55 Waugh Dr Houston, TX 77007	Amount (\$) \$16.51
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 58/97 Report: 83/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/18/2007	5 Payee name Mid Town Cafe 6 Payee address; City; State; Zip Code 55 Waugh Dr Houston, TX 77007	7 Amount (\$) \$18.86
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/13/2007	Payee name Mike Stafford Campaign Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston, TX 77046	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Political Promotion: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 07/13/2007	Payee name Miller's Downtown Payee address; City; State; Zip Code 109 W Main St Charlottesville, VA 22902	Amount (\$) \$32.26
Purpose of payment (See instructions regarding type of information required.) (See travel info on Schedule T) (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/07/2007	Payee name Minute Maid Park Payee address; City; State; Zip Code PO Box 288 Houston, TX 77001	Amount (\$) \$25.25
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 59/97 Report: 84/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/07/2007	5 Payee name Minute Maid Park <hr/> 6 Payee address; City; State; Zip Code PO Box 288 Houston, TX 77001	7 Amount (\$) \$25.25
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name Minute Maid Park <hr/> Payee address; City; State; Zip Code PO Box 288 Houston, TX 77001	Amount (\$) \$10.00
Purpose of payment (See instructions regarding type of information required.) Office:Parking (Staff Meal) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/26/2007	Payee name Minute Maid Park <hr/> Payee address; City; State; Zip Code PO Box 288 Houston, TX 77001	Amount (\$) \$14.01
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/26/2007	Payee name Minute Maid Park <hr/> Payee address; City; State; Zip Code PO Box 288 Houston, TX 77001	Amount (\$) \$76.50
Purpose of payment (See instructions regarding type of information required.) Public Promotion:Flowers & Gifts:Constituent Astros Jersey & Hat (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: 60/97 Report: 85/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/26/2007	5 Payee name Minute Maid Park <hr/> 6 Payee address; City; State; Zip Code PO Box 288 Houston, TX 77001	7 Amount (\$) \$55.00
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/27/2007	Payee name Minute Maid Park <hr/> Payee address; City; State; Zip Code PO Box 288 Houston, TX 77001	Amount (\$) \$45.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/27/2007	Payee name Minute Maid Park <hr/> Payee address; City; State; Zip Code PO Box 288 Houston, TX 77001	Amount (\$) \$7.25
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/15/2007	Payee name Molina's Mexican Restaurant <hr/> Payee address; City; State; Zip Code 7901 Westheimer Houston, TX 77063	Amount (\$) \$46.60
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 61/97 Report: 86/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/22/2007	5 Payee name Molina's Mexican Restaurant <hr/> 6 Payee address; City; State; Zip Code 7901 Westheimer Houston, TX 77063	7 Amount (\$) \$5.00
8 Purpose of payment (See instructions regarding type of information required.) Office: Parking (Staff Meal) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name Molina's Mexican Restaurant <hr/> Payee address; City; State; Zip Code 7901 Westheimer Houston, TX 77063	Amount (\$) \$5.00
Purpose of payment (See instructions regarding type of information required.) Office: Parking (Staff Meal) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/10/2007	Payee name Molina's Mexican Restaurant <hr/> Payee address; City; State; Zip Code 7901 Westheimer Houston, TX 77063	Amount (\$) \$21.09
Purpose of payment (See instructions regarding type of information required.) Office: Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/05/2007	Payee name Molina's Mexican Restaurant <hr/> Payee address; City; State; Zip Code 7901 Westheimer Houston, TX 77063	Amount (\$) \$5.00
Purpose of payment (See instructions regarding type of information required.) Office: Parking (Staff Meal) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 62/97 Report: 87/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 09/12/2007	5 Payee name NHMCCD Foundation 6 Payee address; City; State; Zip Code 5000 Research Forest Dr The Woodlands, TX 77381	7 Amount (\$) \$200.00
8 Purpose of payment (See instructions regarding type of information required.) Political Promotion:Sponsorship (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/23/2007	Payee name Ninfa's Express Payee address; City; State; Zip Code 600 Travis Ste 7A Houston, TX 77002	Amount (\$) \$179.11
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Lunch Meeting for Downtown Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/24/2007	Payee name Northwest Forest Republican Women PAC Payee address; City; State; Zip Code 5502 Mt Royal Circle Houston, TX 77069	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Political Promotion: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 11/07/2007	Payee name Northwest Forest Republican Women PAC Payee address; City; State; Zip Code 5502 Mt Royal Circle Houston, TX 77069	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Political Promotion: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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 63/97 Report: 88/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/09/2007	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 20075 I 45 N Spring, TX 77388	7 Amount (\$) \$10.81
8 Purpose of payment (See instructions regarding type of information required.) Office: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 08/01/2007	Payee name Office Depot Payee address; City; State; Zip Code 20075 I 45 N Spring, TX 77388	Amount (\$) \$21.41
Purpose of payment (See instructions regarding type of information required.) Office: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 08/27/2007	Payee name Office Depot Payee address; City; State; Zip Code 20075 I 45 N Spring, TX 77388	Amount (\$) \$13.32
Purpose of payment (See instructions regarding type of information required.) Office: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 08/27/2007	Payee name Office Depot Payee address; City; State; Zip Code 20075 I 45 N Spring, TX 77388	Amount (\$) \$8.88
Purpose of payment (See instructions regarding type of information required.) Office: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: 64/97 Report: 89/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/27/2007	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 20075 I 45 N Spring, TX 77388	7 Amount (\$) \$28.75
8 Purpose of payment (See instructions regarding type of information required.) Office: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 08/27/2007	Payee name Office Depot Payee address; City; State; Zip Code 20075 I 45 N Spring, TX 77388	Amount (\$) \$72.37
Purpose of payment (See instructions regarding type of information required.) Office: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 08/27/2007	Payee name Office Depot Payee address; City; State; Zip Code 20075 I 45 N Spring, TX 77388	Amount (\$) \$13.04
Purpose of payment (See instructions regarding type of information required.) Office: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 10/17/2007	Payee name Office Depot Payee address; City; State; Zip Code 20075 I 45 N Spring, TX 77388	Amount (\$) \$33.98
Purpose of payment (See instructions regarding type of information required.) Office: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: 65/97 Report: 90/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 11/09/2007	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 20075 I 45 N Spring, TX 77388	7 Amount (\$) \$63.85
8 Purpose of payment (See instructions regarding type of information required.) Office: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 12/15/2007	Payee name Office Depot Payee address; City; State; Zip Code 20075 I 45 N Spring, TX 77388	Amount (\$) \$168.96
Purpose of payment (See instructions regarding type of information required.) Office: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 12/18/2007	Payee name Office Depot Payee address; City; State; Zip Code 20075 I 45 N Spring, TX 77388	Amount (\$) \$11.89
Purpose of payment (See instructions regarding type of information required.) Office:Office Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/26/2007	Payee name Paper Chase Payee address; City; State; Zip Code 12710 North Freeway Houston, TX 77060	Amount (\$) \$27.42
Purpose of payment (See instructions regarding type of information required.) Administrative:Courier & Delivery (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: 66/97 Report: 91/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/01/2007	5 Payee name Pappadeaux Seafood Kitchen 6 Payee address; City; State; Zip Code 4040 I 10 South Beaumont, TX 77707	7 Amount (\$) \$54.36
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/08/2007	Payee name Pappasito's Cantina Payee address; City; State; Zip Code 10005 FM 1960 @ Hwy 59 N Humble, TX 77338	Amount (\$) \$14.29
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/08/2007	Payee name Pappasito's Cantina Payee address; City; State; Zip Code 10005 FM 1960 @ Hwy 59 N Humble, TX 77338	Amount (\$) \$32.95
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/06/2007	Payee name Pappasito's Cantina Payee address; City; State; Zip Code 10005 FM 1960 @ Hwy 59 N Humble, TX 77338	Amount (\$) \$34.58
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 67/97 Report: 92/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 12/18/2007	5 Payee name Party City 6 Payee address; City; State; Zip Code 6476 FM 1960 West Houston, TX 77069	7 Amount (\$) \$40.54
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Supplies for Precinct 4 Christmas Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/31/2007	Payee name People PC Internet Services Payee address; City; State; Zip Code 1375 Peachtree St Level A Atlanta, GA 30309	Amount (\$) \$10.95
Purpose of payment (See instructions regarding type of information required.) Internet Communications:Internet 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 08/10/2007	Payee name People PC Internet Services Payee address; City; State; Zip Code 1375 Peachtree St Level A Atlanta, GA 30309	Amount (\$) \$10.95
Purpose of payment (See instructions regarding type of information required.) Internet Communications:Internet 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 08/31/2007	Payee name People PC Internet Services Payee address; City; State; Zip Code 1375 Peachtree St Level A Atlanta, GA 30309	Amount (\$) \$10.95
Purpose of payment (See instructions regarding type of information required.) Internet Communications:Internet 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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 68/97 Report: 93/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/14/2007	5 Payee name Peso's Mexican Restaurant 6 Payee address; City; State; Zip Code 6512 FM 2100 Crosby, TX 77532	7 Amount (\$) \$18.59
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/05/2007	Payee name Peso's Mexican Restaurant Payee address; City; State; Zip Code 6512 FM 2100 Crosby, TX 77532	Amount (\$) \$10.16
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/05/2007	Payee name Pronto Cucinino Payee address; City; State; Zip Code 3191 W Holcombe Blvd Houston, TX 77025	Amount (\$) \$35.13
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/06/2007	Payee name Pronto Cucinino Payee address; City; State; Zip Code 3191 W Holcombe Blvd Houston, TX 77025	Amount (\$) \$27.01
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 69/97 Report: 94/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/09/2007	5 Payee name Pronto Cucinino 6 Payee address; City; State; Zip Code 3191 W Holcombe Blvd Houston, TX 77025	7 Amount (\$) \$14.56
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/18/2007	Payee name Pronto Cucinino Payee address; City; State; Zip Code 3191 W Holcombe Blvd Houston, TX 77025	Amount (\$) \$28.58
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/23/2007	Payee name Quorum Report Payee address; City; State; Zip Code PO Box 8 Austin, TX 78767	Amount (\$) \$297.69
Purpose of payment (See instructions regarding type of information required.) Administrative:Dues & Subscriptions (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/16/2007	Payee name Ridgways Payee address; City; State; Zip Code 6300 Clayton Houston, TX 77001	Amount (\$) \$154.57
Purpose of payment (See instructions regarding type of information required.) Photography (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 70/97 Report: 95/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/25/2007	5 Payee name RJ's Rib Joint 6 Payee address; City; State; Zip Code 2515 Riverside Houston, TX 77004	7 Amount (\$) \$54.79
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/21/2007	Payee name Ruggles Cafe & Bakery Payee address; City; State; Zip Code 903 Westheimer Houston, TX 77006	Amount (\$) \$46.16
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/06/2007	Payee name Rusty Hardin & Associates PC Payee address; City; State; Zip Code 1401 McKinney Ste 2250 Houston, TX 77010	Amount (\$) \$12,414.85
Purpose of payment (See instructions regarding type of information required.) Professional 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 12/11/2007	Payee name Rusty Hardin & Associates PC Payee address; City; State; Zip Code 1401 McKinney Ste 2250 Houston, TX 77010	Amount (\$) \$2,231.21
Purpose of payment (See instructions regarding type of information required.) Professional 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: 71/97 Report: 96/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 10/15/2007	5 Payee name Sacred Heart School 6 Payee address; City; State; Zip Code 907 Runneburg Crosby, TX 77532	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Public Promotion:Sponsorship (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 09/22/2007	Payee name Salt Branch Outpost Payee address; City; State; Zip Code 244 West Main Street Fredericksburg, TX 78624	Amount (\$) \$416.76
Purpose of payment (See instructions regarding type of information required.) Office: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 10/25/2007	Payee name Saltgrass Steak House Payee address; City; State; Zip Code 1803 Shepherd Drive Houston, TX 77007	Amount (\$) \$56.93
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/05/2007	Payee name Sam Houston State University Payee address; City; State; Zip Code PO Box 2026 Huntsville, TX 77341	Amount (\$) \$1,500.00
Purpose of payment (See instructions regarding type of information required.) Political Promotion: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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 72/97 Report: 97/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/15/2007	5 Payee name Sam Miller's Warehouse 6 Payee address; City; State; Zip Code 1210 E Cary St Richmond, VA 23219	7 Amount (\$) \$49.51
8 Purpose of payment (See instructions regarding type of information required.) (See travel info on Schedule T) (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/17/2007	Payee name Sam's Club Payee address; City; State; Zip Code 12205 West Rd Houston, TX 77065	Amount (\$) \$92.18
Purpose of payment (See instructions regarding type of information required.) Office: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 09/26/2007	Payee name Sam's Club Payee address; City; State; Zip Code 12205 West Rd Houston, TX 77065	Amount (\$) \$48.90
Purpose of payment (See instructions regarding type of information required.) Political Promotion:Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/18/2007	Payee name Sam's Club Payee address; City; State; Zip Code 12205 West Rd Houston, TX 77065	Amount (\$) \$291.83
Purpose of payment (See instructions regarding type of information required.) Political Promotion:Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 73/97 Report: 98/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 11/08/2007	5 Payee name Sam's Club 6 Payee address; City; State; Zip Code 12205 West Rd Houston, TX 77065	7 Amount (\$) \$37.24
8 Purpose of payment (See instructions regarding type of information required.) Political Promotion:Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/25/2007	Payee name Sam's Country BBQ Payee address; City; State; Zip Code 12202 Veterans Memorial Houston, TX 77067	Amount (\$) \$557.08
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Lyons Camp Perfect Attendance (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/15/2007	Payee name Sam's Country BBQ Payee address; City; State; Zip Code 12202 Veterans Memorial Houston, TX 77067	Amount (\$) \$557.08
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Lyons Camp Perfect Attendance (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/05/2007	Payee name Sam's Country BBQ Payee address; City; State; Zip Code 12202 Veterans Memorial Houston, TX 77067	Amount (\$) \$9.08
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 74/97 Report: 99/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 11/05/2007	5 Payee name Senior Adults' Fun Events 6 Payee address; City; State; Zip Code 1731 Hugh Rd Houston, TX 77067	7 Amount (\$) \$1,000.00
8 Purpose of payment (See instructions regarding type of information required.) Public Promotion:Sponsorship (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 08/12/2007	Payee name Shade Payee address; City; State; Zip Code 250 W 19th St Houston, TX 77008	Amount (\$) \$31.25
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/10/2007	Payee name Shade Payee address; City; State; Zip Code 250 W 19th St Houston, TX 77008	Amount (\$) \$30.44
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/15/2007	Payee name Shell Payee address; City; State; Zip Code 6930 Gessner Houston, TX 77040	Amount (\$) \$48.01
Purpose of payment (See instructions regarding type of information required.) Travel:Staff 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: 75/97 Report: 100/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 12/17/2007	5 Payee name Shell 6 Payee address; City; State; Zip Code 6930 Gessner Houston, TX 77040	7 Amount (\$) \$14.00
8 Purpose of payment (See instructions regarding type of information required.) Political Promotion:Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/12/2007	Payee name Skilligalee Restaurant Payee address; City; State; Zip Code 5416 Glenside Dr Richmond, VA 23228	Amount (\$) \$88.76
Purpose of payment (See instructions regarding type of information required.) (See travel info on Schedule T) (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/21/2007	Payee name Special Olympics Texas Payee address; City; State; Zip Code 16503 Ramsey Rd Crosby, TX 77532	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 07/21/2007	Payee name Sports Authority Payee address; City; State; Zip Code 8625 FM 1960 Rd W Houston, TX 77070	Amount (\$) \$158.05
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Road & Bridge Work Crew Perfect Attendance (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: 76/97 Report: 101/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/25/2007	5 Payee name Sports Authority 6 Payee address; City; State; Zip Code 8625 FM 1960 Rd W Houston, TX 77070	7 Amount (\$) \$368.40
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Road & Bridge Work Crew Perfect Attendance (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 08/07/2007	Payee name Spring Branch Education Foundation Payee address; City; State; Zip Code 955 Campbell Rd Houston, TX 77024	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 09/12/2007	Payee name Spring ISD Education Foundation Payee address; City; State; Zip Code 16717 Ella Blvd Houston, TX 77090	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 07/19/2007	Payee name St Paul Missionary Baptist Church Payee address; City; State; Zip Code 3113 Clay St Houston, TX 77003	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 77/97 Report: 102/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/27/2007	5 Payee name Starbucks 6 Payee address; City; State; Zip Code 4830 Wilson Rd Ste 100 Humble, TX 77339	7 Amount (\$) \$53.79
8 Purpose of payment (See instructions regarding type of information required.) Promotional Items:Logoed Items Sample Ceramic Mugs for Eversole Breakfast (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 08/28/2007	Payee name Strack Farms BBQ Payee address; City; State; Zip Code 5707 Louetta Rd Spring, TX 77379	Amount (\$) \$52.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/28/2007	Payee name Strack Farms BBQ Payee address; City; State; Zip Code 5707 Louetta Rd Spring, TX 77379	Amount (\$) \$45.63
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/12/2007	Payee name Street Olympics Payee address; City; State; Zip Code PO Box 300185 Houston, TX 77230	Amount (\$) \$350.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 78/97 Report: 103/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/27/2007	5 Payee name Tan's Hunan Restaurant 6 Payee address; City; State; Zip Code 1426 Kingwood Dr Kingwood, TX 77339	7 Amount (\$) \$34.00
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/27/2007	Payee name Tan's Hunan Restaurant Payee address; City; State; Zip Code 1426 Kingwood Dr Kingwood, TX 77339	Amount (\$) \$17.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/07/2007	Payee name Target Payee address; City; State; Zip Code 20777 Highway 59 N Humble, TX 77338	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Door Prize for Precinct 4 Christmas Party (Gift Card) (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 07/14/2007	Payee name Tealas Mexican Restaraunt Payee address; City; State; Zip Code 3210 W Dallas St Houston, TX 77019	Amount (\$) \$76.90
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 79/97 Report: 104/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 11/07/2007	5 Payee name Texans For Tommy Williams 6 Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston, TX 77046	7 Amount (\$) \$1,000.00
8 Purpose of payment (See instructions regarding type of information required.) Political Promotion:Sponsorship (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 07/16/2007	Payee name Texas Cafeteria Payee address; City; State; Zip Code 2400 N Shepherd Dr Houston, TX 77008	Amount (\$) \$10.20
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/07/2007	Payee name Texas Executive Women Scholarship Fund Payee address; City; State; Zip Code PO Box 2035 Bellaire, TX 77402	Amount (\$) \$1,250.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 07/10/2007	Payee name Texas Tea Party Republican Women Payee address; City; State; Zip Code 4517 Moreton Ct Spring, TX 77379	Amount (\$) \$125.00
Purpose of payment (See instructions regarding type of information required.) Political Promotion: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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 80/97 Report: 105/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/30/2007	5 Payee name Thai Spice Asian Cuisine 6 Payee address; City; State; Zip Code 460 W 19th St Houston, TX 77008	7 Amount (\$) \$27.38
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/21/2007	Payee name The 100 Club Payee address; City; State; Zip Code 1233 West South Loop Ste 1250 Houston, TX 77027	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 07/26/2007	Payee name The Catfish Place Payee address; City; State; Zip Code 3400 State Highway 19 Huntsville, TX 77340	Amount (\$) \$35.23
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/18/2007	Payee name The Cheesecake Factory Payee address; City; State; Zip Code 5015 Westheimer Road Houston, TX 77056	Amount (\$) \$55.57
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 81/97 Report: 106/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 12/11/2007	5 Payee name The Clubs Of Kingwood 6 Payee address; City; State; Zip Code 1700 Lake Kingwood Trail Kingwood, TX 77339	7 Amount (\$) \$25.00
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Birthday Gift for Precinct 4 Employee (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 08/07/2007	Payee name The Former Texas Rangers Foundation Payee address; City; State; Zip Code PO Box 290229 Kerrville, TX 78029	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 09/24/2007	Payee name The Former Texas Rangers Foundation Payee address; City; State; Zip Code PO Box 290229 Kerrville, TX 78029	Amount (\$) \$15,000.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 08/11/2007	Payee name The Hobby Center For The Performing Arts Payee address; City; State; Zip Code 800 Bagby Street Ste 300 Houston, TX 77002	Amount (\$) \$1,405.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 82/97 Report: 107/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 12/07/2007	5 Payee name The Home Depot 6 Payee address; City; State; Zip Code 19103 IH 45 Conroe, TX 77385	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Door Prize for Precinct 4 Christmas Party (Gift Card) (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 07/24/2007	Payee name The Mercer Society Payee address; City; State; Zip Code 22306 Aldine Westfield Humble, TX 77338	Amount (\$) \$1,544.24
Purpose of payment (See instructions regarding type of information required.) Fundraising:Supplies Decoration Supplies for the Eversole Breakfast (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 07/18/2007	Payee name The National Association Of Counties Payee address; City; State; Zip Code 25 Massachusetts Avenue NW Washington, DC 20001	Amount (\$) \$12.60
Purpose of payment (See instructions regarding type of information required.) (See travel info on Schedule T) (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/15/2007	Payee name The Northeast Hospital Foundation Payee address; City; State; Zip Code 18951 Memorial North Humble, TX 77338	Amount (\$) \$2,500.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 83/97 Report: 108/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 09/22/2007	5 Payee name The Peach Tree 6 Payee address; City; State; Zip Code 210 South Adams Fredericksburg, TX 78624	7 Amount (\$) \$45.97
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/01/2007	Payee name The Regional Arts Council Payee address; City; State; Zip Code PO Box 1321 Tomball, TX 77377	Amount (\$) \$700.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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 10/17/2007	Payee name The UPS Store Payee address; City; State; Zip Code 906 W McDermott Dr Ste 116 Allen, TX 75013	Amount (\$) \$23.24
Purpose of payment (See instructions regarding type of information required.) Administrative:Courier & Delivery (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 08/16/2007	Payee name Ticketmaster Payee address; City; State; Zip Code 520 Texas Ave Houston, TX 77002	Amount (\$) \$599.05
Purpose of payment (See instructions regarding type of information required.) Public Promotion:Sponsorship David Bray Photography for Craig Biggio Presentation (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: 84/97 Report: 109/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/22/2007	5 Payee name Tin Roof BBQ 6 Payee address; City; State; Zip Code 18918 Town Center Blvd Atascocita, TX 77346	7 Amount (\$) \$786.84
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Annual Staff Luncheon 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 09/19/2007	Payee name Tin Roof BBQ Payee address; City; State; Zip Code 18918 Town Center Blvd Atascocita, TX 77346	Amount (\$) \$23.24
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/25/2007	Payee name Tomball All-Sports Booster Club Payee address; City; State; Zip Code PO Box 1193 Tomball, TX 77377	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Print Advertising:Placement (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2007	Payee name Tomball Baseball Alumni Payee address; City; State; Zip Code 26422 Pin Oak Drive Magnolia, TX 77354	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Public Promotion: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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 85/97 Report: 110/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 11/19/2007	5 Payee name Tomball Centennial Commission 6 Payee address; City; State; Zip Code PO Box 2007 Tomball, TX 77377	7 Amount (\$) \$1,000.00
8 Purpose of payment (See instructions regarding type of information required.) Public Promotion:Sponsorship (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/15/2007	Payee name Top Hat Catering Payee address; City; State; Zip Code 1702 Wilson Rd Humble, TX 77396	Amount (\$) \$9,911.83
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Catering for Precinct 4 Employee Christmas Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/13/2007	Payee name Torma Communications Payee address; City; State; Zip Code 5326 Graystone Lane Houston, TX 77069	Amount (\$) \$9,842.11
Purpose of payment (See instructions regarding type of information required.) Fundraising:Invitations Invitations for Eversole Breakfast (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 08/21/2007	Payee name Trigg's Catering Company Payee address; City; State; Zip Code 307 Dennis St Humble, TX 77338	Amount (\$) \$963.12
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Fish Fry for Road & Bridge Crew (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: 86/97 Report: 111/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 09/28/2007	5 Payee name Trigg's Catering Company 6 Payee address; City; State; Zip Code 307 Dennis St Humble, TX 77338	7 Amount (\$) \$836.63
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Fajita Dinner for Road & Bridge Crew (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/15/2007	Payee name Trigg's Catering Company Payee address; City; State; Zip Code 307 Dennis St Humble, TX 77338	Amount (\$) \$1,029.25
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Fish Fry for Road & Bridge Crew (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 07/02/2007	Payee name Uncle Bob's Self-Storage Payee address; City; State; Zip Code 5250 FM 1960 Rd E Humble, TX 77346	Amount (\$) \$115.00
Purpose of payment (See instructions regarding type of information required.) Campaign:Rent & 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:
Date 08/10/2007	Payee name Uncle Bob's Self-Storage Payee address; City; State; Zip Code 5250 FM 1960 Rd E Humble, TX 77346	Amount (\$) \$115.00
Purpose of payment (See instructions regarding type of information required.) Campaign:Rent & 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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 87/97 Report: 112/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 09/07/2007	5 Payee name Uncle Bob's Self-Storage 6 Payee address; City; State; Zip Code 5250 FM 1960 Rd E Humble, TX 77346	7 Amount (\$) \$115.00
8 Purpose of payment (See instructions regarding type of information required.) Campaign:Rent & Utilities (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/14/2007	Payee name Uncle Bob's Self-Storage Payee address; City; State; Zip Code 5250 FM 1960 Rd E Humble, TX 77346	Amount (\$) \$115.00
Purpose of payment (See instructions regarding type of information required.) Campaign:Rent & 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:
Date 11/15/2007	Payee name Uncle Bob's Self-Storage Payee address; City; State; Zip Code 5250 FM 1960 Rd E Humble, TX 77346	Amount (\$) \$115.00
Purpose of payment (See instructions regarding type of information required.) Campaign:Rent & 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:
Date 12/06/2007	Payee name Uncle Bob's Self-Storage Payee address; City; State; Zip Code 5250 FM 1960 Rd E Humble, TX 77346	Amount (\$) \$115.00
Purpose of payment (See instructions regarding type of information required.) Campaign:Rent & 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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 88/97 Report: 113/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 12/19/2007	5 Payee name Uncle Bob's Self-Storage <hr/> 6 Payee address; City; State; Zip Code 5250 FM 1960 Rd E Humble, TX 77346	7 Amount (\$) \$115.00
8 Purpose of payment (See instructions regarding type of information required.) Campaign:Rent & Utilities (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2007	Payee name UPS Store <hr/> Payee address; City; State; Zip Code 906 W McDermott Dr Ste 116 Allen, TX 75013	Amount (\$) \$67.26
Purpose of payment (See instructions regarding type of information required.) Administrative:Courier & Delivery (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 08/27/2007	Payee name US Postmaster <hr/> Payee address; City; State; Zip Code 601 Jefferson Houston, TX 77002	Amount (\$) \$96.00
Purpose of payment (See instructions regarding type of information required.) Administrative:PO Box 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 08/27/2007	Payee name US Postmaster <hr/> Payee address; City; State; Zip Code 601 Jefferson Houston, TX 77002	Amount (\$) \$4.90
Purpose of payment (See instructions regarding type of information required.) Administrative:Courier & Delivery (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: 89/97 Report: 114/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/27/2007	5 Payee name US Postmaster 6 Payee address; City; State; Zip Code 601 Jefferson Houston, TX 77002	7 Amount (\$) \$2.66
8 Purpose of payment (See instructions regarding type of information required.) Administrative:Courier & Delivery (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 08/27/2007	Payee name US Postmaster Payee address; City; State; Zip Code 601 Jefferson Houston, TX 77002	Amount (\$) \$9.40
Purpose of payment (See instructions regarding type of information required.) Administrative:Courier & Delivery (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 09/10/2007	Payee name US Postmaster Payee address; City; State; Zip Code 601 Jefferson Houston, TX 77002	Amount (\$) \$36.90
Purpose of payment (See instructions regarding type of information required.) Administrative:Courier & Delivery (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/01/2007	Payee name US Postmaster Payee address; City; State; Zip Code 601 Jefferson Houston, TX 77002	Amount (\$) \$2.56
Purpose of payment (See instructions regarding type of information required.) Administrative:Courier & Delivery (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: 90/97 Report: 115/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 11/26/2007	5 Payee name US Postmaster 6 Payee address; City; State; Zip Code 601 Jefferson Houston, TX 77002	7 Amount (\$) \$45.10
8 Purpose of payment (See instructions regarding type of information required.) Administrative: Courier & Delivery (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 08/30/2007	Payee name Vernon's Kuntry Kitchen Payee address; City; State; Zip Code 5901 West Davis Conroe, TX 77304	Amount (\$) \$27.50
Purpose of payment (See instructions regarding type of information required.) Office: Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/07/2007	Payee name Vic & Anthony's Steakhouse Payee address; City; State; Zip Code 1510 Texas St Houston, TX 77002	Amount (\$) \$285.01
Purpose of payment (See instructions regarding type of information required.) Office: Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name Vic & Anthony's Steakhouse Payee address; City; State; Zip Code 1510 Texas St Houston, TX 77002	Amount (\$) \$22.00
Purpose of payment (See instructions regarding type of information required.) Office: Parking (Staff Meal) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 91/97 Report: 116/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/07/2007	5 Payee name Vincent's 6 Payee address; City; State; Zip Code 2701 W Dallas St Houston, TX 77019	7 Amount (\$) \$202.55
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/18/2007	Payee name Waffle House Payee address; City; State; Zip Code 7106 Will Clayton Pkwy Humble, TX 77338	Amount (\$) \$13.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/18/2007	Payee name Waffle House Payee address; City; State; Zip Code 7106 Will Clayton Pkwy Humble, TX 77338	Amount (\$) \$12.85
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/18/2007	Payee name Waffle House Payee address; City; State; Zip Code 7106 Will Clayton Pkwy Humble, TX 77338	Amount (\$) \$13.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 92/97 Report: 117/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/22/2007	5 Payee name Waffle House 6 Payee address; City; State; Zip Code 7106 Will Clayton Pkwy Humble, TX 77338	7 Amount (\$) \$14.00
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name Waffle House Payee address; City; State; Zip Code 7106 Will Clayton Pkwy Humble, TX 77338	Amount (\$) \$14.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name Waffle House Payee address; City; State; Zip Code 7106 Will Clayton Pkwy Humble, TX 77338	Amount (\$) \$14.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name Waffle House Payee address; City; State; Zip Code 7106 Will Clayton Pkwy Humble, TX 77338	Amount (\$) \$14.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name Waffle House Payee address; City; State; Zip Code 7106 Will Clayton Pkwy Humble, TX 77338	Amount (\$) \$14.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 93/97 Report: 118/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/22/2007	5 Payee name Waffle House 6 Payee address; City; State; Zip Code 7106 Will Clayton Pkwy Humble, TX 77338	7 Amount (\$) \$14.00
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name Waffle House Payee address; City; State; Zip Code 7106 Will Clayton Pkwy Humble, TX 77338	Amount (\$) \$14.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/05/2007	Payee name Waffle House Payee address; City; State; Zip Code 7106 Will Clayton Pkwy Humble, TX 77338	Amount (\$) \$14.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/05/2007	Payee name Waffle House Payee address; City; State; Zip Code 7106 Will Clayton Pkwy Humble, TX 77338	Amount (\$) \$14.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 94/97 Report: 119/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 11/05/2007	5 Payee name Waffle House 6 Payee address; City; State; Zip Code 7106 Will Clayton Pkwy Humble, TX 77338	7 Amount (\$) \$14.00
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/15/2007	Payee name Walmart Payee address; City; State; Zip Code 21150 Kuykendahl Rd Spring, TX 77379	Amount (\$) \$35.92
Purpose of payment (See instructions regarding type of information required.) Office: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 12/07/2007	Payee name Walmart Payee address; City; State; Zip Code 21150 Kuykendahl Rd Spring, TX 77379	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Door Prize for Precinct 4 Christmas Party (Gift Card) (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 09/25/2007	Payee name Wayne Smith Campaign Payee address; City; State; Zip Code PO Box 4020 Baytown, TX 77522	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Political Promotion: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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 95/97 Report: 120/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/17/2007	5 Payee name Wells Fargo 6 Payee address; City; State; Zip Code 5219 FM 1960 Rd W Houston, TX 77069	7 Amount (\$) \$307.00
8 Purpose of payment (See instructions regarding type of information required.) Office:Constituent Appreciation Graduation Gifts (2 Prepaid Visa Check Cards) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/07/2007	Payee name Wells Fargo Payee address; City; State; Zip Code 5219 FM 1960 Rd W Houston, TX 77069	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation Door Prize for Precinct 4 Christmas Party (Gift Card) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/18/2007	Payee name Wells Fargo Payee address; City; State; Zip Code 5219 FM 1960 Rd W Houston, TX 77069	Amount (\$) \$3.50
Purpose of payment (See instructions regarding type of information required.) Administrative:Bank Charges (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 07/19/2007	Payee name Westin Galleria Payee address; City; State; Zip Code 5060 West Alabama Houston, TX 77056	Amount (\$) \$164.22
Purpose of payment (See instructions regarding type of information required.) Fundraising:Supplies Lodging for Fundraiser (Frances Leff) (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: 96/97 Report: 121/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 07/27/2007	5 Payee name Westin Galleria 6 Payee address; City; State; Zip Code 5060 West Alabama Houston, TX 77056	7 Amount (\$) \$5,582.71
8 Purpose of payment (See instructions regarding type of information required.) Fundraising:Supplies Catering For Eversole Breakfast (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 08/10/2007	Payee name Westin Galleria Payee address; City; State; Zip Code 5060 West Alabama Houston, TX 77056	Amount (\$) \$21,000.00
Purpose of payment (See instructions regarding type of information required.) Fundraising:Supplies Deposit on Space for Eversole Breakfast (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 08/27/2007	Payee name Westin Galleria Payee address; City; State; Zip Code 5060 West Alabama Houston, TX 77056	Amount (\$) \$37.81
Purpose of payment (See instructions regarding type of information required.) Office:Parking Parking For Eversole Breakfast (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/16/2007	Payee name Westin Galleria Payee address; City; State; Zip Code 5060 West Alabama Houston, TX 77056	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Fundraising:Supplies Catering Deposit for Eversole Breakfast (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: 97/97 Report: 122/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Date 08/22/2007	5 Payee name Windrose Golf Club 6 Payee address; City; State; Zip Code 6235 Pinelakes Blvd Spring, TX 77379	7 Amount (\$) \$14.00
8 Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/22/2007	Payee name Windrose Golf Club Payee address; City; State; Zip Code 6235 Pinelakes Blvd Spring, TX 77379	Amount (\$) \$12.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/12/2007	Payee name Windrose Golf Club Payee address; City; State; Zip Code 6235 Pinelakes Blvd Spring, TX 77379	Amount (\$) \$257.60
Purpose of payment (See instructions regarding type of information required.) Office:Staff Appreciation A Day of Golf for Precinct 4 Employees Cart 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 11/05/2007	Payee name Windrose Golf Club Payee address; City; State; Zip Code 6235 Pinelakes Blvd Spring, TX 77379	Amount (\$) \$13.00
Purpose of payment (See instructions regarding type of information required.) Office:Staff Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/5 Report: 123/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Albemarle County Convention and Visitors Bureau		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
6 Dates of travel 07/12/2007 07/16/2007	7 Name of person(s) traveling Eversole, Jerry	
	8 Departure city or name of departure location Houston TX	
	9 Destination city or name of destination location Washington DC	
10 Means of transportation Airline	11 Purpose of travel (including name of conference, seminar, or other event) 2007 Conference for the National Association of Counties	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Avis Rent a Car		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel 07/12/2007 07/16/2007	Name of person(s) traveling Eversole, Jerry	
	Departure city or name of departure location Houston TX	
	Destination city or name of destination location Washington DC	
Means of transportation Airline	Purpose of travel (including name of conference, seminar, or other event) 2007 Conference for the National Association of Counties	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Colonial Williamsburg Visitor Center		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel 07/12/2007 07/16/2007	Name of person(s) traveling Eversole, Jerry	
	Departure city or name of departure location Houston TX	
	Destination city or name of destination location Washington DC	
Means of transportation Airline	Purpose of travel (including name of conference, seminar, or other event) 2007 Conference for the National Association of Counties	

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The I NSTRUCTION G UIDE explains how to complete this form.		1 PAGE # Schedule: 2/5 Report: 124/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Exxon Mobil		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
6 Dates of travel 07/12/2007 07/16/2007	7 Name of person(s) traveling Eversole, Jerry	
	8 Departure city or name of departure location Houston TX	
	9 Destination city or name of destination location Washington DC	
10 Means of transportation Airline	11 Purpose of travel (including name of conference, seminar, or other event) 2007 Conference for the National Association of Counties	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Exxon Mobil		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel 07/12/2007 07/16/2007	Name of person(s) traveling Eversole, Jerry	
	Departure city or name of departure location Houston TX	
	Destination city or name of destination location Washington DC	
Means of transportation Airline	Purpose of travel (including name of conference, seminar, or other event) 2007 Conference for the National Association of Counties	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Exxon Mobil		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel 07/12/2007 07/16/2007	Name of person(s) traveling Eversole, Jerry	
	Departure city or name of departure location Houston TX	
	Destination city or name of destination location Washington DC	
Means of transportation Airline	Purpose of travel (including name of conference, seminar, or other event) 2007 Conference for the National Association of Counties	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Exxon Mobil		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel 07/12/2007 07/16/2007	Name of person(s) traveling Eversole, Jerry	
	Departure city or name of departure location Houston TX	
	Destination city or name of destination location Washington DC	
Means of transportation Airline	Purpose of travel (including name of conference, seminar, or other event) 2007 Conference for the National Association of Counties	

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The I NSTRUCTION G UIDE explains how to complete this form.		1 PAGE # Schedule: 3/5 Report: 125/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Exxon Mobil		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
6 Dates of travel 07/12/2007 07/16/2007	7 Name of person(s) traveling Eversole, Jerry	
	8 Departure city or name of departure location Houston TX	
	9 Destination city or name of destination location Washington DC	
10 Means of transportation Airline	11 Purpose of travel (including name of conference, seminar, or other event) 2007 Conference for the National Association of Counties	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee George Bush Intercontinental Airport		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel 07/12/2007 07/16/2007	Name of person(s) traveling Eversole, Jerry	
	Departure city or name of departure location Houston TX	
	Destination city or name of destination location Washington DC	
Means of transportation Airline	Purpose of travel (including name of conference, seminar, or other event) 2007 Conference for the National Association of Counties	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee George Bush Intercontinental Airport		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel 07/12/2007 07/16/2007	Name of person(s) traveling Eversole, Jerry	
	Departure city or name of departure location Houston TX	
	Destination city or name of destination location Washington DC	
Means of transportation Airline	Purpose of travel (including name of conference, seminar, or other event) 2007 Conference for the National Association of Counties	

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/5 Report: 126/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Miller's Downtown		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
6 Dates of travel 07/12/2007 07/16/2007	7 Name of person(s) traveling Eversole, Jerry	
	8 Departure city or name of departure location Houston TX	
	9 Destination city or name of destination location Washington DC	
10 Means of transportation Airline	11 Purpose of travel (including name of conference, seminar, or other event) 2007 Conference for the National Association of Counties	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Sam Miller's Warehouse		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel 07/12/2007 07/16/2007	Name of person(s) traveling Eversole, Jerry	
	Departure city or name of departure location Houston TX	
	Destination city or name of destination location Washington DC	
Means of transportation Airline	Purpose of travel (including name of conference, seminar, or other event) 2007 Conference for the National Association of Counties	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Skilligalee Restaurant		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel 07/12/2007 07/16/2007	Name of person(s) traveling Eversole, Jerry	
	Departure city or name of departure location Houston TX	
	Destination city or name of destination location Washington DC	
Means of transportation Airline	Purpose of travel (including name of conference, seminar, or other event) 2007 Conference for the National Association of Counties	

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The I NSTRUCTION G UIDE explains how to complete this form.		1 PAGE # Schedule: 5/5 Report: 127/127
2 FILER NAME Eversole, Gerald		3 ACCOUNT # (Ethics Commission filers) 01080801
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee The National Association Of Counties		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
6 Dates of travel 07/12/2007 07/16/2007	7 Name of person(s) traveling Eversole, Jerry	
8 Departure city or name of departure location Houston TX		
9 Destination city or name of destination location Washington DC		
10 Means of transportation Airline	11 Purpose of travel (including name of conference, seminar, or other event) 2007 Conference for the National Association of Counties	