

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form		<b>1 ACCOUNT#</b> (Ethics Commission filers)	<b>2 Total pages filed:</b> <div style="text-align: center; font-size: 24px;">13</div>									
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><small>MS / MRS / MR</small> Mr</td> <td style="width:33%;"><small>FIRST</small> Ivan</td> <td style="width:33%;"><small>MI</small> L.</td> </tr> <tr> <td><small>NICKNAME</small></td> <td><small>LAST</small></td> <td><small>SUFFIX</small></td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: 24px;">Mayers</td> </tr> </table>	<small>MS / MRS / MR</small> Mr	<small>FIRST</small> Ivan	<small>MI</small> L.	<small>NICKNAME</small>	<small>LAST</small>	<small>SUFFIX</small>	Mayers			<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <hr/> <p>Date Received</p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 10px auto;"> </div> <p>Date Hand-delivered on Day <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S</p> <p>Receipt # _____ Amount _____</p> <p>Date Processed _____</p> <p>Date Imaged _____</p> </div>	
<small>MS / MRS / MR</small> Mr	<small>FIRST</small> Ivan	<small>MI</small> L.										
<small>NICKNAME</small>	<small>LAST</small>	<small>SUFFIX</small>										
Mayers												
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><small>ADDRESS / PO BOX;</small> PO Box 70530</td> <td style="width:15%;"><small>APT / SUITE #;</small></td> <td style="width:20%;"><small>CITY;</small> Houston TX</td> <td style="width:15%;"><small>STATE;</small></td> <td style="width:17%;"><small>ZIP CODE</small> 77270</td> </tr> </table>	<small>ADDRESS / PO BOX;</small> PO Box 70530	<small>APT / SUITE #;</small>	<small>CITY;</small> Houston TX	<small>STATE;</small>	<small>ZIP CODE</small> 77270						
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<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><small>AREA CODE</small> (713)</td> <td style="width:33%;"><small>PHONE NUMBER</small> 202-7113</td> <td style="width:33%;"><small>EXTENSION</small></td> </tr> </table>	<small>AREA CODE</small> (713)	<small>PHONE NUMBER</small> 202-7113	<small>EXTENSION</small>								
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<b>6 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><small>MS / MRS / MR</small> Mr</td> <td style="width:33%;"><small>FIRST</small> Juergen</td> <td style="width:33%;"><small>MI</small> C</td> </tr> <tr> <td><small>NICKNAME</small></td> <td><small>LAST</small></td> <td><small>SUFFIX</small></td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: 24px;">Mueller</td> </tr> </table>	<small>MS / MRS / MR</small> Mr	<small>FIRST</small> Juergen	<small>MI</small> C	<small>NICKNAME</small>	<small>LAST</small>	<small>SUFFIX</small>	Mueller				
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<small>NICKNAME</small>	<small>LAST</small>	<small>SUFFIX</small>										
Mueller												
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><small>STREET ADDRESS (NO PO BOX PLEASE);</small> 802 LaMonte Ln</td> <td style="width:15%;"><small>APT / SUITE #;</small></td> <td style="width:20%;"><small>CITY;</small> Houston TX</td> <td style="width:15%;"><small>STATE;</small></td> <td style="width:17%;"><small>ZIP CODE</small> 77018</td> </tr> </table>	<small>STREET ADDRESS (NO PO BOX PLEASE);</small> 802 LaMonte Ln	<small>APT / SUITE #;</small>	<small>CITY;</small> Houston TX	<small>STATE;</small>	<small>ZIP CODE</small> 77018						
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<b>9 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Final report (Attach C/OH - FR)	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
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<b>10 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><small>Month Day Year</small> 1 / 22 / 07</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:40%;"><small>Month Day Year</small> 4 / 12 / 07</td> </tr> </table>			<small>Month Day Year</small> 1 / 22 / 07	THROUGH	<small>Month Day Year</small> 4 / 12 / 07						
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	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special											
<b>12 OFFICE</b>	<small>OFFICE HELD (if any)</small>	<b>13 OFFICE SOUGHT (if known)</b> City Council At Large Pos 3										
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	<p><small>** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **</small></p> <p><small>Name</small></p> <hr/> <p><small>Address / PO Box; Apt. / Suite #; City; State; Zip Code</small></p> <hr/> <p><input type="checkbox"/> additional pages</p>											
<b>GO TO PAGE 2</b>												

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET Pg 2**

15 C/OH NAME Ivan L. Mayers 16 ACCOUNT # (Ethics Commission Filer)

17 NOTICE FROM POLITICAL COMMITTEE(S)

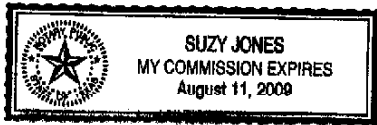
additional pages

\*\* 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4816.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ - 0 -
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

19 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.

Ivan L. Mayers  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Notary, this the 17 day of April, 2007, to certify which, witness my hand and seal of office.

Suzy Jones Signature of officer administering oath  
Suzy Jones Printed name of officer administering oath  
Notary Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Ivan L. Mayers</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
<i>No contribution</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F 1/5
2 FILER NAME Ivan L. Mayers		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/21/07	5 Payee name Houston Forward Times 6 Payee address; City; State; Zip Code PO Box 8346 Houston, TX 77288	7 Amount (\$) 677.25
8 Purpose of payment (See instructions regarding type of information required.) Newspaper Ad (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3/12/07	Payee name Houston Forward Times Payee address; City; State; Zip Code PO Box 8346 Houston TX 77288	Amount (\$) 256.50
Purpose of payment (See instructions regarding type of information required.) Newspaper Ad (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3/26/07	Payee name Houston Forward Times Payee address; City; State; Zip Code PO Box 8346 Houston TX 77288	Amount (\$) 256.50
Purpose of payment (See instructions regarding type of information required.) Newspaper Ad (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/10/07	Payee name Houston Forward Times Payee address; City; State; Zip Code PO Box 8346 Houston, TX 77288	Amount (\$) 256.50
Purpose of payment (See instructions regarding type of information required.) Newspaper Ad (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2/5**

2 FILER NAME **Ivan Mayers**

3 ACCOUNT # (Ethics Commission filers)

4 Date **1/25/07**

5 Payee name **Sprint Digital Printing**  
 6 Payee address; City, State; Zip Code  
**8748 Clay Rd Houston 77080**

7 Amount (\$)  
**1380.19**

8 Purpose of payment (See instructions regarding type of information required.)  
**Campaign Signs & Materials**  
 (If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --  
 Candidate / Officeholder name Office sought Office held

Date **2/21/07**

Payee name **Sprint Digital Printing**  
 Payee address; City, State; Zip Code  
**8748 Clay Rd Houston 77080**

Amount (\$)  
**297.69**

Purpose of payment (See instructions regarding type of information required.)  
**Campaign Signs & Materials**  
 (If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
 Candidate / Officeholder name Office sought Office held

Date **3/7/07**

Payee name **Sprint Digital Printing**  
 Payee address; City, State; Zip Code  
**8748 Clay Rd Houston TX 77080**

Amount (\$)  
**552.08**

Purpose of payment (See instructions regarding type of information required.)  
**Campaign Signs & Materials**  
 (If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
 Candidate / Officeholder name Office sought Office held

Date **4/7/07**

Payee name **Kinkos**  
 Payee address; City, State; Zip Code  
**402 Washington Ave Houston 77007**

Amount (\$)  
**18.10**

Purpose of payment (See instructions regarding type of information required.)  
 (If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
 Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 3/5

2 FILER NAME Ivan L Mayers 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>2/19/07</u>	5 Payee name <u>Office Max</u>	7 Amount (\$) <u>.31</u>
6 Payee address; City; State; Zip Code <u>1576 W Gray Houston 77019</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Copies</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <u>2/19/07</u>	Payee name <u>Office Max</u>	Amount (\$) <u>85.26</u>
Payee address; City; State; Zip Code <u>1576 W Gray Houston 77019</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Office supplies</u> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>4/7/07</u>	Payee name <u>Office Max</u>	Amount (\$) <u>99.56</u>
Payee address; City; State; Zip Code <u>1576 W Gray Houston 77019</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Office supplies</u> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>2/24/07</u>	Payee name <u>Magnetic Automation Corp</u>	Amount (\$) <u>5.00</u>
Payee address; City; State; Zip Code <u>Rockledge FL 32955</u>		

Purpose of payment (See instructions regarding type of information required.) <u>City Hall Parking</u> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4/5

2 FILER NAME Ivan Mayers

3 ACCOUNT # (Ethics Commission filers)

4 Date  
2/02/07

5 Payee name  
USPS

7 Amount (\$)  
66.00

6 Payee address; City, State; Zip Code  
Heights Station Houston 77270

8 Purpose of payment (See instructions regarding type of information required.)  
PO Box  
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
4/5/07

Payee name  
Provost & Assoc

Amount (\$)  
45.00

Payee address; City, State; Zip Code  
N. MacGregor @ Scott Houston TX

Purpose of payment (See instructions regarding type of information required.)  
Photo  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
4/6/07

Payee name  
Provost & Assoc

Amount (\$)  
20.00

Payee address; City, State; Zip Code  
N. MacGregor @ Scott Houston TX

Purpose of payment (See instructions regarding type of information required.)  
Photo  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
2/20/07

Payee name  
COH - Mayor's Office

Amount (\$)  
500.00

Payee address; City, State; Zip Code  
City Hall, Houston TX 77001

Purpose of payment (See instructions regarding type of information required.)  
Candidate Filing Fee  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5/5

2 FILER NAME Ivan L Mayers

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>3/31/07</u>	5 Payee name <u>Walgreens</u>	7 Amount (\$) <u>38.96</u>
6 Payee address; City, State; Zip Code <u>1215 W 43rd Street Houston TX</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Office supplies</u> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>3/14/07</u>	Payee name <u>Garden Oaks Gazette</u>	Amount (\$) <u>90.00</u>
Payee address; City, State; Zip Code <u>Garden Oaks Civic Club, Houston, TX</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Newsletter Advertisement</u> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>1/23/07</u>	Payee name <u>Vista Printing</u>	Amount (\$) <u>68.12</u>
Payee address; City, State; Zip Code <u>www.vistaprint.com</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Campaign cards</u> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>2/12/07</u>	Payee name <u>Vista Printing</u>	Amount (\$) <u>103.35</u>
Payee address; City, State; Zip Code <u>www.vistaprint.com</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Campaign cards</u> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <i>115</i>
2 FILER NAME <i>Ivan L. Mayers</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/21/07</i>	5 Payee name <i>Houston Forward Times</i>	8 Amount (\$) <i>677.25</i>
	6 Payee address; City; State; Zip Code <i>[Redacted] Houston TX 77288</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Newspaper Ad</i> (If travel outside of Texas, complete Schedule T)	
Date <i>3/12/07</i>	Payee name <i>same as above</i>	Amount (\$) <i>256.50</i>
	Payee address; City; State; Zip Code	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	
Date <i>3/26/07</i>	Payee name <i>same as above</i>	Amount (\$) <i>256.50</i>
	Payee address; City; State; Zip Code	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	
Date <i>4/10/07</i>	Payee name <i>same as above</i>	Amount (\$) <i>256.50</i>
	Payee address; City; State; Zip Code	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2/5

2 FILER NAME

Ivan L. Mayers

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	8 Amount (\$)	Reimbursement from political contributions intended
<u>1/2/07</u>	<u>Sprint Digital Printing</u>	[Redacted] <u>Houston 77080</u>	<u>Campaign Signs &amp; Materials</u>	<u>1380.19</u>	<input checked="" type="checkbox"/>
<u>2/21/07</u>	<u>Same as above</u>	<u>Same as above</u>		<u>297.69</u>	<input checked="" type="checkbox"/>
<u>3/7/07</u>	<u>Same as above</u>	<u>Same as above</u>		<u>552.08</u>	<input checked="" type="checkbox"/>
<u>4/7/07</u>	<u>Kantor</u>	[Redacted] <u>Houston 77007</u>		<u>18.10</u>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3/5

2 FILER NAME Ivan L. Mayers

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
2/19/07	6 Payee address: <u>Office Max</u> City: State; Zip Code: <u>[REDACTED] Houston 77019</u> 7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) <u>Copies</u>	.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
2/19/07	Payee name: <u>same as above</u> Payee address: City: State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) <u>Office supplies</u>	85.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
4/1/07	Payee name: <u>same as above</u> Payee address: City: State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) <u>Office supplies</u>	99.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
2/20/07	Payee name: <u>Magnetic Automation Corp</u> Payee address: City: State; Zip Code: <u>Rockledge FL 32955</u> Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) <u>Parking</u>	5.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Payee name: Payee address: City: State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4/5

2 FILER NAME

Ivan L. Mayers

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/04/07

5 Payee name

USPS

6 Payee address; City; State; Zip Code

Heights Station Houston 77070

8 Amount (\$)

66.00

7 Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

4/5/07

Payee name

Provest. Assoc

Payee address; City; State; Zip Code

[Redacted] Houston TX

Amount (\$)

45.00

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

4/6/07

Payee name

same as above

Payee address; City; State; Zip Code

Amount (\$)

20.00

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

2/20/07

Payee name

CDH- Mayor's Office

Payee address; City; State; Zip Code

City Hall, Houston TX 77001

Amount (\$)

500.00

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <b>5/5</b>
2 FILER NAME <b>Ivan L. Mayers</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>3/31/07</b>	5 Payee name <b>Walgreens</b>	8 Amount (\$) <b>38.96</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	6 Payee address; City, State; Zip Code <b>[REDACTED] Houston TX</b>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>Office supplies</b> (If travel outside of Texas, complete Schedule T)	
Date <b>3/14/07</b>	Payee name <b>Garden Oaks Gazette</b>	Amount (\$) <b>90.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City, State; Zip Code <b>Garden Oaks Civic Club, Houston TX</b>	
	Purpose of expenditure (See instructions regarding type of information required.) <b>Newsletter Ad.</b> (If travel outside of Texas, complete Schedule T)	
Date <b>1/23/07</b>	Payee name <b>Vista Printing</b>	Amount (\$) <b>68.12</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City, State; Zip Code <b>www.vistaprinting.com</b>	
	Purpose of expenditure (See instructions regarding type of information required.) <b>Campaign Cards</b> (If travel outside of Texas, complete Schedule T)	
Date <b>2/12/07</b>	Payee name <b>same as above</b>	Amount (\$) <b>103.35</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City, State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) <b>Campaign Cards</b> (If travel outside of Texas, complete Schedule T)	
Date	Payee name	Amount (\$)
	Payee address; City, State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

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