CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer ID		2 Total pages filed:	
The C/OH Instruction C	Guide explains how to complete this	s form.		11	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRS W. A	T . "Andy"	MI	OFFICE USE ONLY Date Received	
	NICKNAME LAST		SUFFIX	FEB 5 202	And the second s
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUIT 2242 Sunset Trails	E#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount	
Change of Address	Sugar Land, TX 77478			Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST	ebra	MI		
	NICKNAME LAST	eyeas	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX F		t/suite#; city; 406 \$	STATE; ZIP COE	1 <i>8</i>
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM	MBER EXTENSION			
8 REPORT TYPE		day before election	Runoff Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)	
9 PERIOD COVERED	Month Day Year 01/01/2024	THROUGH	Month Day 02/04/202	Year 24	
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024	X Primary General	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) County Commissioner Pct. 3 Fo	rt Bend	12 OFFICE SOUGH County Commis		
		GO TO PAGE 2		Varsion V2 F 1 0000	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Meyers, W. A. "Andy"		14 Filer ID			
This box is for notice of political contributions accepted or political expenditures made by political candidate / officeholder. These expenditures may have been made without the candidate's or office consent. Candidates and officeholders are required to report this information only if they receive not consent.					ge or	
Additional Pages	COMMITTEE TYPE COMMITTEE NAME					
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
	L SPECIFIC					
:		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS	TOTAL UNITEM OR GUARANTE	I IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	N PLEDGES, LOANS, CTRONICALLY)	\$	0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					
EXPENDITURE TOTALS				\$	752.18	
	4. TOTAL POLITIC		\$ 48	3,369.87		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AST DAY OF THE	\$ 145	5,206.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	OF THE LAST DAY	\$	0.00		
17 AFFIDAVIT						
	BEMNET RUSSOM KEFLEZIGHI Notary ID #134409004 My Commission Expires June 15, 2027	I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. Signature of	Il information required to	be reported by r		
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said Wilton Meyers , this the February 5th day of February , 20 24 , to certify which, witness my hand and seal of office.						
Benef (A	Bennet Keflezish Benker Signature of officer administering Bennet Keflezish Benker Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

					3 of 11			
	8 FILER NAME Meyers, W. A. "Andy" 19 Filer ID							
	HEDUL ME OF		SUBTOTAL AMOUNT					
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,000.00			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.		SCHEDULE E: LOANS		\$				
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	\$	48,369.87				
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$					
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/11 3 Filer ID 2 FILER NAME Meyers, W. A. "Andy" 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) \$2,500.00 01/11/2024 Lee, C.C. 6 Contributor address; City; State; Zip Code 6001 Savoy Dr., Suite 100 Houston, TX 77036 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) STOA Architects Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/11/2024 Malani, Raj \$5,000.00 Contributor address; City; State; Zip Code 13703 Bay Front Dr. Houston, TX 77077 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/11/2024 \$500.00 Miller, Jack Contributor address; City; State; Zip Code 16340 Park Ten Place Suite 350 Houston, TX 77084 Principal occupation / Job title (See Instructions) Employer (See Instructions)

RG Miller Engineers

4	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment Total pages Schedule F1: Sch: 1/7 Rpt: 5/11 Date 01/31/2024 Amount (\$)	I Committee	A. "Andy"	Loan Repayme Office Overhea Polling Expens Printing Expen Salaries/Wage	ent/Reimbursement ad/Rental Expense ie se s/Contract Labor ete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) Filler ID	
	\$330.00	5527 Marble	e Ravine D, TX 77407				
8	PURPOSE OF EXPENDITURE	(a) Category (Si Advertising	ee Categories listed at the top of this s Expense	chedule) (b)	_	side of Texas, Complete Schedule T. (, officeholder living expense ampaigning	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ceholder name	Office sought		Office held	
	Date	Payee name					
	02/04/2024	Bargus, Os	car				
	Amount (\$) \$195.00	Payee addre		e; Zip Code			
		RICHMONE	D, TX 77407				
	PURPOSE OF EXPENDITURE	(a) Category (so Advertising	ee Categories listed at the top of this s Expense	chedule) (b)	<u></u>	side of Texas. Complete Schedule T. K, officeholder living expense ampaigning	
	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sought		Office held	
	Date 01/31/2024	Payee name Bronsell, Co	ody				
	Amount (\$) \$375.00	Payee addre 3010 Riverl Richmond,	pend Dr.	te; Zip Code			
	PURPOSE OF EXPENDITURE		ee Categories listed at the top of this s	(b)		side of Texas. Complete Schedule T. K, officeholder living expense ampaigning	
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sought		Office held	
	rme provided by Toyac F	thics Commiss	ion was othics	s state ty us		Version V3.5.1.9000	c47

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense **Event Expense** Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 2/7 Rpt: 6/11 Meyers, W. A. "Andy" 4 Date Payee name Bronsell, Cody 02/04/2024 6 Amount (\$) Payee address; City; State; Zip Code \$375.00 3010 Riverbend Dr. Richmond, TX 77406 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Door to Door Campaigning Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/11/2024 Campaign Partners LLC Amount (\$) Payee address; City; State; Zip Code \$594.08 P.O. Box 655 Bellaire, TX 77402 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Signs Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 01/22/2024 Campaign Partners LLC State; Zip Code Payee address; City; Amount (\$) \$18,514.02 P.O. Box 655 Bellaire, TX 77402 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Ads Office held Candidate/Officeholder name Office sought Complete ONLY if direct

expenditure to benefit C/OH

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Pol Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Office Overhead/Rental Expense Pood/Beverage Expense Offit/Awards/Memorials Expense Printing Expense Cidt/Awards/Memorials Expense Clegal Services Tansportation Equipment & Related Expense Travel in District Travel Out of District Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F	: 2 FILER NAME 3 Filer ID						
Sch: 3/7 Rpt: 7/11	Meyers, W. A. "Andy"						
4 Date 01/22/2024	5 Payee name Campaign Partners LLC						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$1,929.4							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CampaignConsulting						
Complete ONLY if direct expenditure to benefit C.	Candidate/Officeholder name Office sought Office held OH						
Date	Payee name						
01/25/2024	Campaign Partners LLC						
Amount (\$)	Payee address; City; State; Zip Code						
• • •	S5,570.65 P.O. Box 655						
	Bellaire, TX 77402						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Ads						
Complete ONLY if direct expenditure to benefit C	Candidate/Officeholder name Office sought Office held OH						
Date	Payee name						
01/25/2024	Campaign Partners LLC						
Amount (\$) Payee address; City; State; Zip Code \$2,550.00 P.O. Box 655							
	Bellaire, TX 77402						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Ads						
Complete <u>ONLY</u> if direc expenditure to benefit C							
	Ethica Commission was athles state types						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By -Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 4/7 Rpt: 8/11 Meyers, W. A. "Andy" 4 Date Payee name 01/03/2024 Go Daddy 6 Amount (\$) Payee address; City; State; Zip Code \$129.49 14455 N Hayden Rd Ste 226 Scottsdale, AZ 85260 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Campaign Website **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Website Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 01/29/2024 Home Depot Amount (\$) Payee address; City; State; Zip Code \$228.23 5900 Hiway 6 S Missouri City, TX 77459 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Sign T-Posts **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Sign T-Posts Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/22/2024 Home Depot State; Zip Code Amount (\$) Payee address; City; \$189.38 5900 Hiway 6 S Missouri City, TX 77459 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Campaign Signs **EXPENDITURE** Check if Austin, TX, officeholder living expense Sign T-Posts Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID			
Sch: 5/7 Rpt: 9/11	Meyers, W. A. "Andy"			
4 Date 01/02/2024	5 Payee name Home Depot			
6 Amount (\$) \$132.79	7 Payee address; City; State; Zip Code 5900 Hiway 6 S Missouri City, TX 77459			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Signs (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Sign Materials			
Complete <u>ONLY</u> if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/31/2024	Kesselring, Brooke			
Amount (\$) \$330.00	Payee address; City; State; Zip Code 8710 Ruston Ridge Richmond, TX 77406			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Door to Door Campaigning			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date 02/04/2024	Payee name Kesselring, Brooke			
Amount (\$) \$195.00	Payee address; City; State; Zip Code 8710 Ruston Ridge Richmond, TX 77406			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Door to Door Campaigning				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			
Forms provided by Texas F	Sthics Commission www.ethics.state.tx.us Version V3.5.1.9000c4			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 6/7 Rpt: 10/11 Meyers, W. A. "Andy" 4 Date Payee name 01/31/2024 Parada, Daren Amount (\$) Payee address: City; State; Zip Code \$330.00 7006 Bossut Richmond, TX 77407 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Door to Door Campaigning Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/04/2024 Parada, Daren Amount (\$) Payee address; City; State; Zip Code \$195.00 7006 Bossut Richmond, TX 77407 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Door to Door Campaigning Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date

01/11/2024 Sam's Club Payee address; Amount (\$) City; State; Zip Code \$283.75 12700 Southwest Freeway Stafford, TX 77477 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Campaign Signs **EXPENDITURE** Check if Austin, TX, officeholder living expense Materials for Campaign Signs

Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name

Payee name

Office sought

Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repa Office Ove Polling Ex Printing Ex Salaries/M	ayment/ rhead/f cense cpense /ages/C	Reimbursement Rental Expense Contract Labor	Travel in District Travel Out of District	oment & Related Expense	
_			The Instruction Guide exp	olains how to co	mplete				
1	Total pages Schedule F1:						3 Filer ID		
	Sch: 7/7 Rpt: 11/11	Meyers, W.	A. "Andy"						
4	Date 01/10/2024	5 Payee name TMobil							
6	Amount (\$) \$170.83		hwest Freeway, Unit 2	State; Zip Co 215	de				
		Sugar Land	, TX 77479						
8	PURPOSE OF EXPENDITURE	(a) Category (Si Campaign F	ee Categories listed at the top of Phone	this schedule)		<u></u>	outside of Texas. Complete TX, officeholder living exp		
9	Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Office sou	ght		Office held		
	Date	Payee name							
	01/02/2024		Up Program						
		Payee addre		State; Zip Co	do				
	Amount (\$) \$15,000.00	18715 Tam	er View Court	State, Zip Co	ue				
		Tomball, T	(1/3//						
	PURPOSE OF EXPENDITURE	(a) Category (s Advertising	ee Categories listed at the top of Expense	this schedule)	[_	outside of Texas. Complete , TX, officeholder living exp dS		
	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ght		Office held		