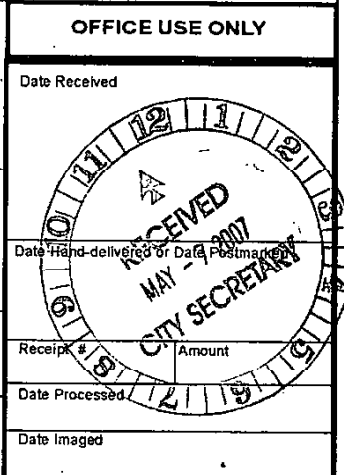


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Ivan	MI L
	NICKNAME	LAST Mayers	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: PO Box 70530	APT / SUITE #: Houston TX	CITY, STATE, ZIP CODE: 77270
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 202-7113	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Juergen	MI C
	NICKNAME	LAST Mueller	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE, ZIP CODE 802 La Monte Ln Houston TX 77018		
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 742-8253	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 1 / 22 / 07    5 / 4 / 07		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 5 / 12 / 07	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council At Large Pos 3	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	.. 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. ..		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		



**GO TO PAGE 2**

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

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

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

17 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. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		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	\$ 5216.23
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.

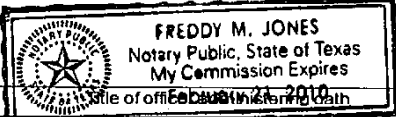
Ivan L. Mayers  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said IVAN MAYERS, this the 7<sup>th</sup> day of MAY, 2007, to certify which, witness my hand and seal of office.

Freddy M. Jones  
Signature of officer administering oath

Freddy M. Jones  
Printed name 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# _____)  6 Contributor address; City; State; Zip Code  <i>No Contributions</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (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 <u>2/21/07</u>	5 Payee name <u>Houston Forward Times</u>	7 Amount (\$) <u>677.25</u>
6 Payee address; City; State; Zip Code <u>PO Box 8346 Houston TX 77288</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Newspaper Ad</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
---	---

Date <u>3/12/07</u>	Payee name <u>same as above</u>	Amount (\$) <u>256.50</u>
Payee address; City; State; Zip Code		

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
--	---

Date <u>3/26/07</u>	Payee name <u>same as above</u>	Amount (\$) <u>256.50</u>
Payee address; City; State; Zip Code		

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
--	---

Date <u>4/10/07</u>	Payee name <u>same as above</u>	Amount (\$) <u>256.50</u>
Payee address; City; State; Zip Code		

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
--	---

**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 L Mayers** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>1/27/07</b>	5 Payee name <b>Sprint Digital Printing</b> 6 Payee address; City; State; Zip Code <b>8748 Clay Rd Houston 77080</b>	7 Amount (\$) <b>1380.19</b>
--------------------------	---	---------------------------------

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

Date <b>2/21/07</b>	Payee name <b>same as above</b> Payee address; City; State; Zip Code	Amount (\$) <b>297.69</b>
------------------------	--	------------------------------

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

Date <b>3/7/07</b>	Payee name <b>same as above</b> Payee address; City; State; Zip Code	Amount (\$) <b>552.08</b>
-----------------------	--	------------------------------

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

Date <b>4/7/07</b>	Payee name <b>Kinkos</b> Payee address; City; State; Zip Code <b>402 Washington Ave Houston 77007</b>	Amount (\$) <b>18.10</b>
-----------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) <b>Copying</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> 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: <b>3/5</b>
2 FILER NAME <b>Ivan L Mayers</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2/19/07</b>	5 Payee name <b>Office Max</b>	7 Amount (\$) <b>31</b>
6 Payee address; City; State; Zip Code <b>1576 W Gray Houston TX 77019</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Copies</b> <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 <b>2/19/07</b>	Payee name <b>same as above</b>	Amount (\$) <b>85.28</b>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <b>Office Supplies</b> <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
Date <b>4/7/07</b>	Payee name <b>same as above</b>	Amount (\$) <b>99.56</b>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <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
Date <b>2/20/07</b>	Payee name <b>Magnetic Automation Corp</b>	Amount (\$) <b>5.00</b>
Payee address; City; State; Zip Code <b>Rockledge FL 32955</b>		
Purpose of payment (See instructions regarding type of information required.) <b>City Hall Parking</b> <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
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>4/5</b>
2 FILER NAME <b>Iran L Mayers</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2/02/07</b>	5 Payee name <b>USPS</b> 6 Payee address; City; State; Zip Code <b>Height Station, Houston 77270</b>	7 Amount (\$) <b>66.00</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>(If travel outside of Texas, complete Schedule T)</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <b>4/5/07</b>	Payee name <b>Provost &amp; Assoc</b> Payee address; City; State; Zip Code <b>N. MacGregor @ Scott Houston, TX</b>	Amount (\$) <b>45.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Photo</b> <b>(If travel outside of Texas, complete Schedule T)</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <b>4/6/07</b>	Payee name <b>same as above</b> Payee address; City; State; Zip Code	Amount (\$) <b>20.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Photo</b> <b>(If travel outside of Texas, complete Schedule T)</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <b>2/20/07</b>	Payee name <b>COH - Mayor's Office</b> Payee address; City; State; Zip Code <b>City Hall, Houston TX 77001</b>	Amount (\$) <b>500.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Candidate Filing Fee</b> <b>(If travel outside of Texas, complete Schedule T)</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <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> 6 Payee address; City; State; Zip Code <b>1215 W 43rd Street Houston TX</b>	7 Amount (\$) <b>38.96</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Office Supplies</b> (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 <b>3/14/07</b>	Payee name <b>Garden Oaks Gazette</b> Payee address; City; State; Zip Code <b>Garden Oaks Civic Club, Houston TX</b>	Amount (\$) <b>90.00</b>
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
Date <b>1/23/07</b>	Payee name <b>Vista Printing</b> Payee address; City; State; Zip Code <b>www.vistaprint.com</b>	Amount (\$) <b>68.12</b>
Purpose of payment (See instructions regarding type of information required.) <b>Campaign cards</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <b>2/12/07</b>	Payee name <b>Same as above</b> Payee address; City; State; Zip Code	Amount (\$) <b>103.35</b>
Purpose of payment (See instructions regarding type of information required.) <b>Campaign cards</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		



<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>6/6</b>
2 FILER NAME <b>Ivan L Mayers</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>4/24/07</b>	5 Payee name <b>Forward Times</b> 6 Payee address; City; State; Zip Code <b>PO Box 8346 Houston TX 77288</b>	7 Amount (\$) <b>256.50</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Newspaper Ad</b> (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 <b>4/16/07</b>	Payee name <b>Garden Oaks Gazette</b> Payee address; City; State; Zip Code <b>Garden Oaks Civic Club, Houston, TX</b>	Amount (\$) <b>90.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Newspaper Ad</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>4/22/07</b>	Payee name <b>Kinkos</b> Payee address; City; State; Zip Code <b>402 Washington Ave Houston TX 77007</b>	Amount (\$) <b>3.12</b>
Purpose of payment (See instructions regarding type of information required.) <b>Copies</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>4/22/07</b>	Payee name <b>Office Max</b> Payee address; City; State; Zip Code <b>1576 W Gray Houston TX 77019</b>	Amount (\$) <b>45.22</b>
Purpose of payment (See instructions regarding type of information required.) <b>Office Supplies</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G <i>15 1/6</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> 6 Payee address; City; State; Zip Code <i>[REDACTED]</i>	8 Amount (\$) <i>677.25</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>3/12/07</i>	Payee name <i>same as above</i> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <i>Newspaper Ad</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>256.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>3/26/07</i>	Payee name <i>same as above</i> 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 (\$) <i>256.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>4/10/07</i>	Payee name <i>same as above</i> 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 (\$) <i>256.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	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: 2/5 2/6

2 FILER NAME: Ivan L. Mayers

3 ACCOUNT # (Ethics Commission files)

4 Date: 1/2/07

5 Payee name: Sprint Digital Printing  
6 Payee address: [Redacted] City: State: Zip Code

8 Amount (\$): 1380.19

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

Reimbursement from political contributions intended

Date: 2/21/07

Payee name: same as above  
Payee address: City: State: Zip Code

Amount (\$): 297.69

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

Reimbursement from political contributions intended

Date: 3/7/07

Payee name: same as above  
Payee address: City: State: Zip Code

Amount (\$): 552.08

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

Reimbursement from political contributions intended

Date: 4/7/07

Payee name: Kinkos  
Payee address: [Redacted] City: State: Zip Code

Amount (\$): 18.10

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

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: 3/3/6

2 FILER NAME Ivan L. Mayors

3 ACCOUNT # (Ethics Commission files)

4 Date <u>2/19/07</u>	5 Payee name <u>Office Max</u>	8 Amount (\$) <u>31</u>
	6 Payee address; City; State; Zip Code <u>[REDACTED]</u>	
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Copies</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>2/19/07</u>	Payee name <u>same as above</u>	Amount (\$) <u>85.28</u>
	Payee address; City; State; Zip Code <u>[REDACTED]</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Office supplies</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>4/1/07</u>	Payee name <u>same as above</u>	Amount (\$) <u>99.56</u>
	Payee address; City; State; Zip Code <u>[REDACTED]</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Office supplies</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>2/20/07</u>	Payee name <u>Magnetic Automation Corp.</u>	Amount (\$) <u>5.00</u>
	Payee address; City; State; Zip Code <u>[REDACTED]</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Parking</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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

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 4/6

2 FILER NAME

Ivan L. Mayors

3 ACCOUNT # (Ethics Commission file#)

4 Date

2/02/07

5 Payee name

USPS

6 Payee address; City; State; Zip Code

[Redacted]

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

Provert Assoc

Payee address; City; State; Zip Code

[Redacted]

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

[Redacted]

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

COH- Mayor's Office

Payee address; City; State; Zip Code

[Redacted]

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

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

(If travel outside of Texas, complete Schedule T)

Amount (\$)

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: 5/5/6

2 FILER NAME Ivan L. Mayers

3 ACCOUNT # (Ethics Commission files)

4 Date <u>3/31/07</u>	5 Payee name <u>Walgreens</u>	8 Amount (\$) <u>38.96</u>
	6 Payee address; City; State; Zip Code <u>[Redacted]</u> <u>Houston TX</u>	
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Office supplies</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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>[Redacted]</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Newsletter Ad.</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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.vistaprinting.com</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Campaign Cards</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>2/12/07</u>	Payee name <u>same as above</u>	Amount (\$) <u>103.35</u>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) <u>Campaign Cards</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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

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: <b>6/6</b>
2 FILER NAME <b>Ivan L Mayers</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>4/29/07</b>	5 Payee name <b>Forward Times</b>	8 Amount (\$) <b>256.50</b>
	6 Payee address; City; State; Zip Code <b>[REDACTED]</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>Newspaper Ad</b> (If travel outside of Texas, complete Schedule T)	
Date <b>4/16/07</b>	Payee name <b>Garden Oaks Gazette</b>	Amount (\$) <b>90.00</b>
	Payee address; City; State; Zip Code <b>[REDACTED]</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Newspaper Ad</b> (If travel outside of Texas, complete Schedule T)	
Date <b>4/22/07</b>	Payee name <b>Kinkos</b>	Amount (\$) <b>3.12</b>
	Payee address; City; State; Zip Code <b>[REDACTED]</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Copies</b> (If travel outside of Texas, complete Schedule T)	
Date <b>4/22/07</b>	Payee name <b>Office Max</b>	Amount (\$) <b>45.22</b>
	Payee address; City; State; Zip Code <b>[REDACTED]</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Office Supplies</b> (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)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED