

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4711

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

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

18

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
N. Grant
NICKNAME LAST SUFFIX
Goodwin

OFFICE USE ONLY

Date Received: **FILED**
OCT 30 12 47 PM '00
Date Hand-delivered or Date Postmarked

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
812 San Antonio, Suite 318
Austin, Tx 78701

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Melissa A
NICKNAME LAST SUFFIX
Young

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1300 Ludlow Terrace, Austin, Tx 78723

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 452-6047

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
09/29/2000 THROUGH 10/28/2000

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11/07/2000 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Judge, Travis Co. Ct. at Law #5

13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. 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

additional pages

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

N. Grant Goodwin

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING POLITICAL COMMITTEE(S)

** This listing includes 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
		<u>w/a</u>
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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	\$ 95-
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4262-
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -
4. TOTAL POLITICAL EXPENDITURES	\$ 5923.28
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5119.91
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,500.00

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Grant Goodwin, this the 30th day of October, 2000, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Diane m. Thomas
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J):

1 of 6

2 FILER NAME

N. Grant Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-10-00

5 Full name of contributor

Mrs. Jay Brummett

out-of-state PAC

6 Contributor address; City; State; Zip Code

7604 FireOak Dr.
Austin TX 78759

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

9 Contributor's principal occupation

real estate

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

10-7-00

Full name of contributor

Travis Rep. Wornick PAC

out-of-state PAC

Contributor address; City; State; Zip Code

902-A West 18th St.
Austin TX 78701

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor's principal occupation

n/a

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10-5-00

Full name of contributor

David Hartman

out-of-state PAC

Contributor address; City; State; Zip Code

10711 Burnet Rd. Ste 330
Austin, TX 78758

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

Contributor's principal occupation

Investor

Contributor's job title

Contributor's employer/law firm

self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J): **2 of 6**

2 FILER NAME **N. Grand Goodwin**

3 ACCOUNT # (Ethics Commission filers)

4 Date **10.5.00**

5 Full name of contributor out-of-state PAC
Gary Taylor

7 Amount of contribution (\$) **100**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**P.O. Box 90212
Austin TX 78709**

9 Contributor's principal occupation **Atty**

10 Contributor's job title **Atty**

11 Contributor's employer/law firm **self**

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date **10.5.00**

Full name of contributor out-of-state PAC
Founder's Vision PAC

Amount of contribution (\$) **50-**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**16906 Isle of Man Rd.
Pflugerville, TX 78660**

Contributor's principal occupation **n/a**

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date **10.17.00**

Full name of contributor out-of-state PAC
Austin Republican Women PAC

Amount of contribution (\$) **1,500-**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**2108 Stratford Dr.
Austin, TX 78746**

Contributor's principal occupation **n/a**

Contributor's job title

Contributor's employer/law firm **n/a**

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J):

3 of 6

2 FILER NAME

N. Grant Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-15-00

5 Full name of contributor

Mac. McGuire

out-of-state PAC

7 Amount of contribution (\$)

140-

8 In-kind contribution description (if applicable)

phone lists

6 Contributor address: City: State: Zip Code

3 Candleleaf Ct.
Austin, TX 78738

9 Contributor's principal occupation

ret.

10 Contributor's job title

ret.

11 Contributor's employer/law firm

—

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

10-16-00

Full name of contributor

Alexander Calhoun

out-of-state PAC

Amount of contribution (\$)

200-

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

11319 Long Branch
Austin TX 78736

Contributor's principal occupation

Atty

Contributor's job title

Atty

Contributor's employer/law firm

self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10-20-00

Full name of contributor

Edwin Laich

out-of-state PAC

Amount of contribution (\$)

82

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

5912 Cannon Mountain Dr.
Austin, TX 78749

Contributor's principal occupation

fundraiser

Contributor's job title

fundraiser

Contributor's employer/law firm

(non-profit organization)

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule A(J)
4 of 6

2 FILER NAME
M. Grant Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date
10-24-00

5 Full name of contributor out-of-state PAC
Gene & Phylliss Cottle

7 Amount of contribution (\$)
100

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code
601 E. Paschal
Troup, TX 78175

9 Contributor's principal occupation
Funeral director

10 Contributor's job title
~~Funeral director~~ funeral director

11 Contributor's employer/law firm
Cottle Funeral Homes

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date
10-23-00

Full name of contributor out-of-state PAC
Diann T. Smith

Amount of contribution (\$)
50

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code
18007 FM 1100
Elgin, TX 78621

Contributor's principal occupation
unknown

Contributor's job title
unknown

Contributor's employer/law firm
unknown

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date
10-21-00

Full name of contributor out-of-state PAC
Walter Wilson

Amount of contribution (\$)
1240

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code
4005 Guadalupe
Austin TX 78751

Phone Bank

Contributor's principal occupation
investor

Contributor's job title
partner

Contributor's employer/law firm
Lucien Stirling & Gray

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J):

5 of 6

2 FILER NAME

N. Grant Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-27-00

5 Full name of contributor

Jack L. Phillip out-of-state PAC

6 Contributor address; City; State; Zip Code

P.O. Drawer 1086
Gladewater, Tx ~~75647~~ 75647-1086

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

9 Contributor's principal occupation

oilman

10 Contributor's job title

owner

11 Contributor's employer/law firm

~~Phillips oil~~

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

10-27-00

Full name of contributor

Sue Parrish & RO. Parrish out-of-state PAC

Contributor address; City; State; Zip Code

P.O. Box 534
Gladewater, TX ~~75647~~ 75647

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

Contributor's principal occupation

Ret

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10-27-00

Full name of contributor

Ms. Winnie Oder out-of-state PAC

Contributor address; City; State; Zip Code

3020 George Kichay Rd
Gladewater, Tx 75647

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor's principal occupation

Ret.

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J):

6 of 6

2 FILER NAME

N. Grant Goodwin

3 ACCOUNT # (Ethics Commission files)

4 Date

10-28-00

5 Full name of contributor

Jack & Rene Hightower

out-of-state PAC

6 Contributor address; City; State; Zip Code

5119 Slaughter
Austin TX 78748

7 Amount of contribution (\$)

125

8 In-kind contribution description (if applicable)

9 Contributor's principal occupation

Construction

10 Contributor's job title

excavator

11 Contributor's employer/law firm

months excavation

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

10-20-00

Full name of contributor

Pat & Joe Crow

out-of-state PAC

Contributor address; City; State; Zip Code

9402 Granada Hills Dr
Austin, Tx 78737

Amount of contribution (\$)

80

In-kind contribution description (if applicable)

+ parts

Contributor's principal occupation

ret

Contributor's job title

Contributor's employer/law firm

ret M&A

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

out-of-state PAC

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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:

104

2 FILER NAME

N. Grant Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

10.2.00

5 Payee name

Royal Masset

7 Amount (\$)

150-

6 Payee address; City; State; Zip Code

6108 Back Bay Ln.
Austin TX 78739

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

consulting

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

Office sought / held

Date

10.1.00

Payee name

Home Depot

Amount (\$)

66.74

Payee address; City; State; Zip Code

7211 N. IH 35
Austin TX 78752

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

lumber & nails

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

Office sought / held

Date

10.4.00

Payee name

Lake Travis Rep. Men

Amount (\$)

150-

Payee address; City; State; Zip Code

P.O. Box 340033
Austin, Tx 78734. 0033

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

golf tournament

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

Office sought / held

Date

10/6/00

Payee name

84 Lumber

Amount (\$)

21.21

Payee address; City; State; Zip Code

E HWY 290 - 9901 Crofford Ln
Austin TX

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

Staples

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

Office sought / 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 of 4

2 FILER NAME

N. Grant Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-13-00

5 Payee name

Austin American Statesman

7 Amount
(\$)

781.12

6 Payee address; City; State; Zip Code

305 S. Congress Ave
Austin, TX 78704

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

Advertising

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

Office sought / held

Date

10-15-00

Payee name

Home Depot

Amount
(\$)

44.14

Payee address; City; State; Zip Code

7211 N. IH 35
Austin, TX 78752

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

Lumber

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

Office sought / held

Date

10-20-00

Payee name

Travis Co. Rep. Party

Amount
(\$)

250-

Payee address; City; State; Zip Code

1300 W. Koenig Ln., Suite 103
Austin, TX 78756

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

GOTV

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

Office sought / held

Date

10-9-00

Payee name

Lake Travis Rep. Men

Amount
(\$)

14-

Payee address; City; State; Zip Code

P.O. Box 340033
Austin, TX 78734-0033

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

lunch

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

Office sought / 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: **3 of 4**

2 FILER NAME **N. Grant Goodwin**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/28/00

5 Payee name
Lowes

7 Amount (\$)
30⁸⁵

6 Payee address; City; State; Zip Code
**Stassney # 1H 35
Austin Tx**

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

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

Date
10/28/00

Payee name
Lowes

Amount (\$)
37.67

Payee address; City; State; Zip Code
**Stassney # 1H 35
Austin Tx**

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

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

Date
10/28/00

Payee name
U.S. Postmaster

Amount (\$)
2767.26

Payee address; City; State; Zip Code
**6th St & Goodwin
Austin Tx 78703**

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

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

Date
10/28/00

Payee name
John Doney & Associate

Amount (\$)
1504.68

Payee address; City; State; Zip Code
**815 Brazos Blvd 600
Austin, Tx 78701**

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought / 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: **4 of 4**

2 FILER NAME **N. Grant Goodwin**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/28/00

5 Payee name
ACE PRINTING

7 Amount (\$)
113.00

6 Payee address; City; State; Zip Code
**7807 Doncaster
Austin, Tx 78745**

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

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

Date
10/28/00

Payee name
Classic Designs

Amount (\$)
92.01
~~88.50~~

Payee address; City; State; Zip Code
**4702 Convict Hill Rd
Austin, Tx 78749**

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

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

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

10 of

2 FILER NAME

N. Grant Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

6 Payee address; City; State; Zip Code

8 Amount (\$)

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

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.)

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.)

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.)

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.)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME

N. Grant Goodwin

1 Total pages Schedule H:

12 / 1

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

n/a

7 Amount (\$)

6 Business address; City; State; Zip Code

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

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

Date

Business name

Business address; City; State; Zip Code

Amount (\$)

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

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

Date

Business name

Business address; City; State; Zip Code

Amount (\$)

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

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

Date

Business name

Business address; City; State; Zip Code

Amount (\$)

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule

10-1

2 FILER NAME

N. Grant Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

n/a

6 Payee address; City; State; Zip Code

8 Amount (\$)

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

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

10 of 1

2 FILER NAME

N. Grant Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-28-00

5 Payor name

Austin American Statesman

8 Amount (\$)

781.12

6 Payor address;

City; State; Zip Code

305 S. Congress Ave
Austin, TX 78704

7 Reason for credit

Mistake in Advertising

Date

Payor name

Payor address;

City; State; Zip Code

Amount (\$)

Reason for credit

Date

Payor name

Payor address;

City; State; Zip Code

Amount (\$)

Reason for credit

Date

Payor name

Payor address;

City; State; Zip Code

Amount (\$)

Reason for credit

Date

Payor name

Payor address;

City; State; Zip Code

Amount (\$)

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L: 1

2 FILER NAME
N. Grant Goodwin

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender
Bob & Paka Goodwin

5 Lender address; City; State; Zip Code
1621 West Lake Rd, Gladewater, TX 75647

GUARANTOR INFORMATION

6 Name of guarantor
—

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender
Grant Goodwin & Melissa Young

Lender address; City; State; Zip Code
1300 Ludlow Terrace, Austin TX 78723

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule M: *1 of 1*

2 FILER NAME *N. Grant Goodwin*

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

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Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

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