

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4782

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:

6

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
N. Grant
NICKNAME LAST SUFFIX
Goodwin

OFFICE USE ONLY

Date Received
JAN 6 2 43 PM '01
FILED

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
~~812~~ 812 San Antonio Suite 318
Austin, TX 78708

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Melissa A.
NICKNAME LAST SUFFIX
Young

Receipt #

HD / PM 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) 452-0047

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 JC/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
10 / 29 / 2000 12 / 31 / 2001

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 filers)

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>n/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	\$ <u>50</u>
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2040.00</u>
--	-------------------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
--	----

4. TOTAL POLITICAL EXPENDITURES	\$ <u>8125.79</u>
---------------------------------	-------------------

CONTRIBUTION BALANCE

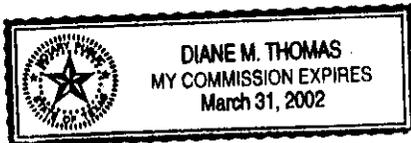
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>136.12</u>
--	------------------

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>14100.00</u>
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18 AFFIDAVIT

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



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Grant Goodwin this the 16th day of January 2001, to certify which, witness my hand and seal of office.

Diane M. Thomas Signature of officer administering oath
Diane M. Thomas Print name of officer administering oath
Notary Public 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):

2 FILER NAME

N. Grant Goodwin

3 ACCOUNT # (Ethics Commission files)

4 Date

10-21-00

5 Full name of contributor

Lake Travis Republican PAC

out of state PAC

7 Amount of contribution (\$)

750-

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

PO Box 340033
Austin Tx 78734-0033

9 Contributor's principal occupation

n/a

10 Contributor's job title

n/a

11 Contributor's employer/law firm

n/a

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

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

Date

10-30-00

Full name of contributor

Walter Wilson

out of state PAC

Amount of contribution (\$)

1240-

In-kind contribution description (if applicable)

PhoneBank

Contributor address; City; State; Zip Code

4005 Guadalupe
Austin Tx 78757

Contributor's principal occupation

investor

Contributor's job title

partner

Contributor's employer/law firm

Tucien, Stirling & Gray

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

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.

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code			
10 Pledgor's principal occupation		11 Pledgor's job title	
12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor 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.

LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E(J):

1

2 FILER NAME

N. Grant Goodwin

3 ACCOUNT # (Ethics Commission files)

4

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

11/3/00

7 Name of lender

Melissa A. Young

out of state PAC

9 Loan Amount (\$)

2600-

6 Is lender a financial institution?

Y

N

8 Lender address; City; State; Zip Code

1300 Ludlow Terrace
Austin TX 78723

10 Interest rate

0

11 Maturity date

-

12 Lender's Principal Occupation

Attorney

13 Lender's Job Title

Attorney

14 Lender's Employer/Law Firm

Court of Criminal Appeals

15 Law Firm of lender's spouse (if any)

16 If lender is child, law firm of parent(s) (if any)

17 Description of Collateral

none

18 GUARANTOR INFORMATION

19 Name of guarantor

21 Amount Guaranteed (\$)

not applicable

20 Guarantor address; City; State; Zip Code

22 Guarantor's Principal Occupation

23 Guarantor's Job Title

24 Guarantor's Employer/Law Firm

25 Law Firm of guarantor's spouse (if any)

26 If guarantor is child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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
2 FILER NAME <i>N. Grant Goodwin</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/1/00</i>	5 Payee name <i>Postmaster</i> 6 Payee address: City: State: Zip Code <i>6th & Guadalupe Austin TX 78701</i>	7 Amount (\$) <i>2844.75</i>
8 Purpose of expenditure <i>postage</i>		9 <small>Complete if direct expenditure to benefit C/OH</small> Candidate / Officeholder name Office sought / held
Date <i>4/3/00</i>	Payee name <i>Doner & Associates</i> Payee address: City: State: Zip Code <i>815 Brazos Suite 600 Austin TX 78701</i>	Amount (\$) <i>3837.46</i>
Purpose of expenditure <i>postage & printing</i>		<small>Complete if direct expenditure to benefit C/OH</small> Candidate / Officeholder name Office sought / held
Date <i>4/22/00</i>	Payee name <i>Classic Typesetting</i> Payee address: City: State: Zip Code <i>4702 Convict Hill Rd Austin TX 78749</i>	Amount (\$) <i>1201.58</i>
Purpose of expenditure <i>printing</i>		<small>Complete if direct expenditure to benefit C/OH</small> Candidate / Officeholder name Office sought / held
Date <i>11.15.00</i>	Payee name <i>Royal Massett</i> Payee address: City: State: Zip Code <i>6108 Back Bay Ln Austin, Tx 78739</i>	Amount (\$) <i>150-</i>
Purpose of expenditure <i>consulting</i>		<small>Complete if direct expenditure to benefit C/OH</small> 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: 1

2 FILER NAME

N. Grant Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-15-00

5 Payee name

reface Ace Printing

6 Payee address; City; State; Zip Code

*7807 DanCaster
Austin, Tx 78745*

8 Amount (\$)

92-

7 Purpose of expenditure

yard stakes

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

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.

1 Total pages Schedule H: 1

2 FILER NAME

N Grant Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

-- 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 I: 1

2 FILER NAME

N Grant Goodwin

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

8

Amount (\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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:

2 FILER NAME

N. Grant Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	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

7 Guarantor address; City; State; Zip Code

not applicable

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

Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

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

2 FILER NAME

N. Grant Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED