

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 4970

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: 9 |
| 3 CANDIDATE / OFFICEHOLDER NAME | TITLE _____ FIRST _____ MI _____ NICKNAME _____ LAST _____ SUFFIX _____ Melissa Goodwin Y. | OFFICE USE ONLY Date Received: 02 JAN 14 PM 12:08 Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____ | |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE _____ 812 San Antonio, Suite 318 Austin TX 78701 | | |
| 5 CAMPAIGN TREASURER NAME | TITLE _____ FIRST _____ MI _____ NICKNAME _____ LAST _____ SUFFIX _____ Grant Goodwin | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE _____ 812 San Antonio, Suite 318 Austin TX 78701 | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE _____ PHONE NUMBER _____ EXTENSION _____ (512) 736-4339 | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 9 PERIOD COVERED | Month _____ Day _____ Year _____ THROUGH Month _____ Day _____ Year _____ 10/19/01 THROUGH 12/31/01 | | |
| 10 ELECTION | ELECTION DATE Month _____ Day _____ Year _____ 03/12/02 | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) _____ | 12 OFFICE SOUGHT (if known) J.P. 3 | |
| 13 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


| | |
|---|--|
| 14 C/OH NAME <i>Melissa Goodwin</i> | 15 ACCOUNT # (Ethics Commission filers) |
|---|--|

| | | |
|---|---|--------------------------------------|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages | ** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ** | |
| | <input type="checkbox"/> GENERAL | COMMITTEE NAME |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

17 NO REPORTABLE ACTIVITY
 Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

| | | | |
|-------------------------------|---|---|----------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 550 - | |
| | EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ |
| | | 4. TOTAL POLITICAL EXPENDITURES | \$ 983 - |
| | OUTSTANDING LOAN TOTALS | 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 4,300 |

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.

Melissa Goodwin

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Goodwin, this the 14th day of January, 2002, to certify which, witness my hand and seal of office.

Melissa Patricia Storkamp

 Signature of officer administering oath

Melissa Patricia Storkamp

 Printed name of officer administering oath

notary

 Title of officer administering oath

PLEGGED CONTRIBUTIONS

SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 1

2 FILER NAME

Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

| | | | |
|--------|--|-------------------------|---------------------------------------|
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>na</i> | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| | 7 Pledgor address; City; State; Zip Code | | |

| | |
|------------------------------------|------------------------|
| 10 Principal occupation (optional) | 11 Employer (optional) |
|------------------------------------|------------------------|

| | | | |
|------|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |

| | |
|---------------------------------|---------------------|
| Principal occupation (optional) | Employer (optional) |
|---------------------------------|---------------------|

| | | | |
|------|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |

| | |
|---------------------------------|---------------------|
| Principal occupation (optional) | Employer (optional) |
|---------------------------------|---------------------|

| | | | |
|------|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |

| | |
|---------------------------------|---------------------|
| Principal occupation (optional) | Employer (optional) |
|---------------------------------|---------------------|

| | | | |
|------|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |

| | |
|---------------------------------|---------------------|
| Principal occupation (optional) | Employer (optional) |
|---------------------------------|---------------------|

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

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME
Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan
12.3.01

7 Name of lender out-of-state PAC (ID#: _____)
Grant Goodwin

9 Loan Amount (\$)
2800-

6 Is lender a financial institution?
Y (N)

8 Lender address; City; State; Zip Code
812 San Antonio
Austin, TX 78701

10 Interest rate

11 Maturity date

12 Description of Collateral
 none

13 GUARANTOR INFORMATION
 not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation
Attorney

18 Employer
Self employed

Date of loan
12.19.01

Name of lender out-of-state PAC (ID#: _____)
Pake & Bob Goodwin

Loan Amount (\$)
1,500

Is lender a financial institution?
Y (N)

Lender address; City; State; Zip Code
1621 West Lake Rd
Glade Water, TX

Interest rate

Maturity date

Description of Collateral
 none

GUARANTOR INFORMATION
 not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation
Retired

Employer

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 Melissa Goodwin 3 ACCOUNT # (Ethics Commission filers) _____

| | | |
|--|--|--------------------------------|
| 4 Date <u>12-3-01</u> | 5 Payee name <u>Travis Republican Primary</u> | 7 Amount (\$) <u>\$800-</u> |
| 6 Payee address; City; State; Zip Code <u>7801 N. Lamar #126 Austin, TX 78752</u> | | |

| | |
|--|--|
| 8 Purpose of payment (See instructions regarding type of information required.) <u>Filing fee for primary</u> | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

| | | |
|--------------------------------------|------------|-------------|
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|--------------------------------------|------------|-------------|
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|--------------------------------------|------------|-------------|
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) | 9 ** 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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: _____

2 FILER NAME

Melissa Goodwin

3 ACCOUNT # (Ethics Commission files) _____

4 Date

12.1.01

5 Payee name

Jan Gallbraith

6 Payee address; City; State; Zip Code

*11205 Marie Drive
Austin TX 78758*

8 Amount (\$)

20-

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

Regional Republican Campaign Development Cof

Reimbursement from political contributions intended

Date

12.17.01

Payee name

Verisign

Payee address; City; State; Zip Code

*www.net501.com
~~physical~~ address not known*

Amount (\$)

63-

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

domain name for website

Reimbursement from political contributions intended

Date

12.15.01

Payee name

Linda Breland Portrait Designs

Payee address; City; State; Zip Code

*1126 1/2 6th St.
Austin, Tx 78701*

Amount (\$)

105-

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

PHOTOS

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

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** *Melissa Goodwin* 3 **ACCOUNT #** (Ethics Commission filers)
—

| | | |
|--|--------------------------------------|----------------------|
| 4 Date | 5 Business name <i>N/A</i> | 7 Amount (\$) |
| 6 Business address; City; State; Zip Code | | |

| | |
|--|--|
| 8 Purpose of payment (See instructions regarding type of information required.) | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

| | | |
|---|---------------|-------------|
| Date | Business name | Amount (\$) |
| Business address; City; State; Zip Code | | |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|---|

| | | |
|---|---------------|-------------|
| Date | Business name | Amount (\$) |
| Business address; City; State; Zip Code | | |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|---|

| | | |
|---|---------------|-------------|
| Date | Business name | Amount (\$) |
| Business address; City; State; Zip Code | | |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office 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

Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

na

8 Amount (\$)

6 Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED